Herd Vaccination History

Please list each product you use for vaccination. For each product, describe how often it is administered and at what age of the animal or stage of lactation it is administered. Also, for each product, list the category of disease agent(s) it provides immunity against.

Disease agent list:

Calfhood-

A. Bangs, Brucella

Respiratory:

B. IBR/PI3
C. BVD
D. BRSV
E. *Pasteurella multocida / hemolytica*
F. *Hemophilus somnus*

Mastitis:

G. Endovac
H. J-5 or J-Vac
I. *Staphylococcus*

Scours:

J. *E. coli*
K. Rotavirus
L. Coronavirus

Other

M. *Salmonella*
N. *Clostridium* any of the following: *chauvoei, septicum, novyi, sordellii, perfringens* Types C & D, *tetanus* toxoids
O. *Clostridium perfringins* type A toxoid
P. *Clostridium* antitoxin - any
Q. *Leptospira*
R. Pinkeye
S. Other (please specify)
T. Alternative vaccine (homeopathic, nosode, etc.)

INT: RECORD EACH PRODUCT NAME
RECORD THE NUMBER OF TIMES THE VACCINE IS ADMINISTERED IN THE BOX(ES) THAT MOST APPROPRIATELY DESCRIBES WHEN IT IS GIVEN
FOR EACH PRODUCT, RECORD COMPLETE PRODUCT NAME AND ALL DISEASE AGENTS LISTED ON PRODUCT PACKAGING

	Heifers				Lactating cows					
Product Name	Pre Weaning	Weaning to 4 months	4 months to breeding	Breeding to freshening	Dry off	Pre-fresh or while dry	Post-Fresh or early lact.	Mid-lact: breeding, preg check,	Other	**Disease agent(s)**

Retrospective Disease Data Collection Form- Calves

How many sick calves have you had in the past 60 days?__________
Of those, how many were treated?__________
(Collect information for all sick animals, regardless of whether they were treated)

INDICATE SOURCE(S) OF DATA: FARMER ON-FARM COMPUTER WRITTEN RECORDS

1. Calf ID- If calf had multiple illnesses, list each illness on a separate line
2. Date of Birth
3. Date of Illness – date calf became sick
4. Problem
5. Did a veterinarian examine this case?
6. Did the farmer treat this case?

Calf ID	**Date of Birth**	**Date of Illness**	**Problem**	**Vet Exam**	**Farmer Treat**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**
			Respiratory Unknown Diarrhea Other	**Yes** **No**	**Yes** **No**

Retrospective Culling Data Recording Form

List **all** animals (calf through adult) that have left the herd within the past 60 days. Include bull calves.

INDICATE SOURCE(S) OF DATA: FARMER ON-FARM COMPUTER WRITTEN RECORDS

Animal ID	**Animal Age** Calf, heifer, or Lactation number	**Stage of Lact:** If adult Early <90 DIM Mid 90-200 DIM Late >200 DIM Dry	**Reason for leaving –** List up to three problems or reasons for leaving	**Culled** Was animal sold as dairy or beef?	**Dead** Died naturally, euthanized by vet, euthanized by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer

Retrospective Disease Data Collection Form – Adult Cattle

With the exception of mastitis, how many sick cows have you had in the past 60 days? ______________
Of those, how many were treated?________________
(Collect information for all sick cows, regardless of whether they were treated)

1. Cow ID – If a cow had multiple illnesses, list each on a separate line.
2. Date Fresh
3. Date of Illness – Date cow became sick
4. Lactation number – 1, 2, 3, 4 or greater
5. Problem – Choose one. Do not include mastitis
6. Did a veterinarian examine this case?
7. Did a veterinarian treat this case or recommend a treatment?
8. Number of days milk was withheld from sale
9. Milk production immediately before she became sick

INDICATE SOURCE(S) OF DATA: FARMER ON-FARM COMPUTER WRITTEN RECORD

Cow ID	**Date Fresh**	**Date of Illness**	**Lact #**	**Problem**	**Vet Exam**	**Farmer Treat**	**Milk Withhold from Sale**	**Milk Prod. before sick**	*60-d follow up*
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	
			1 2 3 4+	Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other	**Yes** **No**	**Yes** **No**	days	lbs/day	

Retrospective Disease Data Collection Form- Mastitis

Please list all cows that have had **clinical mastitis in the past 60 days**. If a cow has had multiple separate incidents of mastitis in the past 60 days, please list each incident separately.

For each incident of mastitis, please answer the following questions:

1. Cow ID- If a cow has had multiple incidences of mastitis, please list each incident on a separate line.
2. Date Fresh
3. Lactation number – 1, 2, 3, 4 or greater
4. Date of Illness – Date this case of mastitis began
5. Severity – **S**=subclinical mastitis that was treated
   1=abnormal milk only
   2=abnormal milk and swollen quarter
   3=abnormal milk, swollen quarter, and cow acting sick
6. Did a veterinarian examine this case?
7. Did a veterinarian treat this case or recommend a treatment?
8. Number of days milk was withheld from sale
9. Milk production immediately before she was diagnosed with mastitis

INDICATE SOURCE(S) OF DATA: FARMER ON-FARM COMPUTER WRITTEN RECORDS

Cow ID	Date Fresh	Lactation Number	Date of Illness	Severity	Vet Exam	Farmer Treat	Milk Withhold from Sale	Milk Prod. Before Sick	*60-d follow up*
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	
		1 2 3 4+		S 1 2 3	Yes No	Yes No	days	Lbs/day	

Veterinarian Visits

Please list all visits made by a veterinarian to your farm in the previous 60 days, and describe the work done on that visit.

Date	What work was performed by veterinarian during visit? (choose as many as needed)	How was the visit scheduled? (choose one)
	☐ Preg checks / repro work ☐ Sick animal check ☐ Routine work – vaccination, dehorning etc. ☐ Teaching – consulting, training, developing treatment protocols, etc. ☐ Emergency	☐ Routinely scheduled visit ☐ Scheduled at least 1 day before visit ☐ Not scheduled in advance
	☐ Preg checks / repro work ☐ Sick animal check ☐ Routine work – vaccination, dehorning etc. ☐ Teaching – consulting, training, developing treatment protocols, etc. ☐ Emergency	☐ Routinely scheduled visit ☐ Scheduled at least 1 day before visit ☐ Not scheduled in advance
	☐ Preg checks / repro work ☐ Sick animal check ☐ Routine work – vaccination, dehorning etc. ☐ Teaching – consulting, training, developing treatment protocols, etc. ☐ Emergency	☐ Routinely scheduled visit ☐ Scheduled at least 1 day before visit ☐ Not scheduled in advance
	☐ Preg checks / repro work ☐ Sick animal check ☐ Routine work – vaccination, dehorning etc. ☐ Teaching – consulting, training, developing treatment protocols, etc. ☐ Emergency	☐ Routinely scheduled visit ☐ Scheduled at least 1 day before visit ☐ Not scheduled in advance
	☐ Preg checks / repro work ☐ Sick animal check ☐ Routine work – vaccination, dehorning etc. ☐ Teaching – consulting, training, developing treatment protocols, etc. ☐ Emergency	☐ Routinely scheduled visit ☐ Scheduled at least 1 day before visit ☐ Not scheduled in advance
	☐ Preg checks / repro work ☐ Sick animal check ☐ Routine work – vaccination, dehorning etc. ☐ Teaching – consulting, training, developing treatment protocols, etc. ☐ Emergency	☐ Routinely scheduled visit ☐ Scheduled at least 1 day before visit ☐ Not scheduled in advance
	☐ Preg checks / repro work ☐ Sick animal check ☐ Routine work – vaccination, dehorning etc. ☐ Teaching – consulting, training, developing treatment protocols, etc. ☐ Emergency	☐ Routinely scheduled visit ☐ Scheduled at least 1 day before visit ☐ Not scheduled in advance