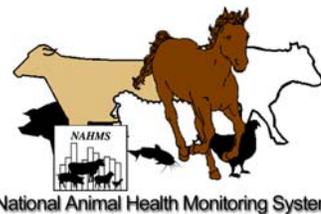




United States Department of Agriculture



ANIMAL AND PLANT HEALTH INSPECTION SERVICE

Veterinary Services

### GENERAL DAIRY MANAGEMENT REPORT January 2007

National Animal Health Monitoring System (NAHMS)

2150 Centre Ave.,  
Bldg. B  
Fort Collins, Co 80526-8117



NATIONAL AGRICULTURAL STATISTICS SERVICE

Form Approved  
O.M.B. Number 0579-0205  
Approval Expires 01/01/2010  
NAHMS 129  
Project Code 930

Please make corrections to name, address and Zip Code, if necessary.

Stratum	POID	Tract	Subtract

Attempted Contacts		
Date	Time	Notes

0002

**BEGINNING TIME [MILITARY]** .....

### INTRODUCTION

**[Rephrase in your own words.]**

We would like to ask you some questions about your **dairy operation**. In order to understand important issues in the dairy industry, we need to obtain information about the health status of your dairy cattle, any health problems they may have had, as well as productivity and management information.

You may find it easier and more accurate if records are used to answer some of the questions. Response is **voluntary** and not required by law. However, your responses are needed to make regional and national estimates as accurate as possible.

#### Operation Description

- Were any **dairy cows**, regardless of ownership, on this operation on January 1, 2007?  Yes  No

**[If Item 1 = 'yes', continue; if Item 1 = 'no', SKIP to section I.]**

- Which of the following best describes this dairy operation's practices? **[Choose only one.]**

- <sub>1</sub> Conventional (majority of forage consumed is not harvested by cows)
- <sub>2</sub> Grazing (majority of forage consumed is harvested by cows)
- <sub>3</sub> Combination of conventional and grazing
- <sub>4</sub> Organic (operation meets USDA organic standards)
- <sub>5</sub> Other? (Specify: \_\_\_\_\_)

<b>Code</b>
.....0102

**A – Cattle Inventory**

Now I have some questions about **all** of the **cattle and calves**, regardless of ownership, that were on this operation on **January 1, 2007**. Include both dairy cattle and beef cattle.

1. On **January 1**, how many **dairy cows**, whether dry or in milk, were on this operation? Include dairy heifers that had calved. .... +
- a. How many of these were milked on **January 1, 2007**? .....
- b. How much milk was produced on **January 1, 2007**? .....

(Record in either pounds or gallons.)

**[Include only 1 day's production.]** .....

0105	lb
------	----

OR

0106	gal
------	-----

Head
0103
0104

2. On **January 1**, how many **beef cows** were on this operation? (Include beef heifers that had calved.) ..... +
3. How many **bulls weighing 500 pounds or more** were on this operation on **January 1**? (Include dairy and beef bulls. Include spotters.) ..... +

0107
0108

**[If No Bulls, skip to Item 4.]**

- a. How many of these (Item 3) **bulls** have been used for **breeding dairy cows or heifers** on this operation? .....

0109
------

**[If none used for dairy breeding, skip to Item 4.]**

- b. Of these bulls used for breeding **dairy cows or heifers** (Item 3a), how many were **dairy bulls**? .....

0110
------

4. On **January 1**, how many **heifers weighing 500 pounds or more** were on this operation? (Heifers that have calved should be recorded as cows.)
  - a. for **dairy cow replacement**? ..... +
  - b. for **beef cow replacement**? ..... +
  - c. **Other heifers weighing 500 pounds or more**? ..... +
5. On **January 1**, how many **steers weighing 500 pounds or more** were on this operation? ..... +
6. How many **total calves under 500 pounds, including newborns**, were on this operation on **January 1**? (Include heifer, steer, and bull calves.) ..... +
  - a. How many of these **calves under 500 pounds** are **dairy heifers**? .....

0111
0112
0113
0114
0115
0116

**[Add Items 1, 2, 3, 4a, 4b, 4c, 5, and 6.]**

7. Then the total cattle and calves on hand **January 1** was: ..... =  
Is that correct? **[Make necessary corrections, then continue.]**

Total Cattle and Calves
0117

8. **[Add Items 4a and 6a.]**  
The total **dairy heifers (dairy cow replacements plus dairy heifer calves)** on hand **January 1** was: .....

Total Dairy Heifers
0118

**[If no dairy heifers were on hand (Item 8 = 0), SKIP to Item 13.]**

**A – Cattle Inventory**

9. Of the (Item 8) <b>dairy heifers</b> :		<b>Head</b>
a. How many are <b>not yet weaned</b> ? .....	+	0119
b. How many are weaned but <b>not yet of breeding age</b> ? .....	+	0120
c. How many are <b>breeding age and older</b> ? .....	+	0121
		<b>Total</b>
10. <b>[Add Items 9a, 9b, and 9c. Total should equal Item 8.]</b> .....	=	0122
11. Of these (Item 8) <b>dairy heifers</b> :		
a. How many were born and raised on this operation? .....	+	0123
b. How many were born on this operation and raised off this operation? .....	+	0124
c. How many were born off this operation? .....	+	0125
		<b>Total</b>
12. <b>[Add Items 11a, 11b, and 11c. Total should equal Item 8.]</b> .....	=	0126
13. How many of the (Item 1) <b>dairy cows</b> on hand were:		
a. Holstein? .....	+	0127
b. Jersey? .....	+	0128
c. Ayrshire? .....	+	0129
d. Brown Swiss? .....	+	0130
e. Guernsey? .....	+	0131
f. Other, including mixed dairy breeds? (Specify: _____) .....	+	0132
		<b>Total</b>
14. <b>[Add number of head by breed. Total should equal (Item 1) dairy cows on hand.]</b> .....	=	0133
15. Of the (Item 1) <b>dairy cows</b> on hand, what percent are registered with a breed association (purebred)? .....		0134 %

**B – Dairy Herd Information And Management Practices**

The next questions are about dairy herd management practices used by this operation.

1. What percentage of this operation's **dairy cows** has the following types of identification? If electronic ear tags or collars are used, count in both categories. **[Answer all that apply.]**
  - a. Ear tags (all kinds)? .....
  - b. Collars? .....
  - c. Photograph or sketch? .....
  - d. Branding (all methods)? .....
  - e. Tattoo (other than tattoo for brucellosis)? .....
  - f. Leg bands? .....
  - g. Electronic ID (pedometers, bar code, RFD, etc.)? .....
  - h. Other? (Specify: \_\_\_\_\_) .....
  - i. No identification? .....
  - j. Total Add items 1a-1i. ....  
(Total should be equal to or greater than 100%.)

Individual Animal Level (each animal has its own unique ID)	Herd Level (all animals have same ID)
0200 %	0210 %
0201 %	0211 %
0202 %	N/A
0203 %	0212 %
0204 %	0213 %
0205 %	N/A
0206 %	0214 %
0207 %	0215 %
0208 %	0216 %
0209 %	0217 %

**[If item 1i. (cell 208) = 100% (no individual animal identification), SKIP to Item 3.]**

2. What is the primary purpose for using individual animal identification on this operation? **[Check only one.]**
  - a.  <sub>1</sub> For evaluating milk production?
  - b.  <sub>2</sub> For evaluating animal health?
  - c.  <sub>3</sub> For disease or residue trace back?
  - d.  <sub>4</sub> For evaluating genetic improvements?
  - e.  <sub>5</sub> Other? (Specify: \_\_\_\_\_)

Code
0218

3. Has this operation been assigned a unique premises ID by your State's Department of Agriculture as part of the National Animal ID System (NAIS)? ...  <sub>1</sub> Yes  <sub>3</sub> No
4. Has this operation implemented an individual animal ID system or technology that utilizes the U.S. Animal Identification Number (AIN) guidelines (a unique "840" number used for official identification of individual animals in the U.S.)? ...  <sub>1</sub> Yes  <sub>3</sub> No
5. What type(s) of record keeping system(s) does this operation use to track **individual dairy animals**? Do you use:

Code
0219
0220

- a. Handwritten records, such as a ledger or notebook? ...  <sub>1</sub> Yes  <sub>3</sub> No
- b. Dairy Herd Improvement Association (DHIA)? ...  <sub>1</sub> Yes  <sub>3</sub> No
- c. Off-farm computer record system other than DHIA? ...  <sub>1</sub> Yes  <sub>3</sub> No
- d. On-farm computer record system? ...  <sub>1</sub> Yes  <sub>3</sub> No
- e. Other systems? (Specify: \_\_\_\_\_) ...  <sub>1</sub> Yes  <sub>3</sub> No
- f. None? ...  <sub>1</sub> Yes  <sub>3</sub> No

0221
0222
0223
0224
0225
0226

**[If Item 5c or 5d is YES, continue to 5g. Otherwise, SKIP to Item 6.]**

**B – Dairy Herd Information And Management Practices**

g. What off-farm (item 5c) or on-farm (item 5d) computer record system is primarily used?

**[Choose only one.]**

- (i) <sub>1</sub> Dairy Comp 305
- (ii) <sub>2</sub> PC Dart
- (iii) <sub>3</sub> DHI Plus
- (iv) <sub>4</sub> Other? (Specify: \_\_\_\_\_ )



Code
0227

6. During 2006 did this operation participate in any of the following types of quality assurance programs (programs to improve product quality through assessments and monitoring)?

- a. State sponsored ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Local milk cooperative/processor sponsored ..... <sub>1</sub> Yes <sub>3</sub> No
- c. National industry sponsored ..... <sub>1</sub> Yes <sub>3</sub> No
- d. Other? (Specify: \_\_\_\_\_ ) ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0228
0229
0230
0231

7. Which of the following best describes who is **primarily** responsible for balancing feed rations fed to dairy cows?

**[Choose only one.]**

- a. <sub>1</sub> Employee (nonveterinarian)
- b. <sub>2</sub> Independent nutritionist
- c. <sub>3</sub> Feed company nutritionist
- d. <sub>4</sub> Veterinarian
- e. <sub>5</sub> Operator/Owner
- f. <sub>6</sub> Other? (Specify: \_\_\_\_\_ )



Code
0232

- 8. Does this operation use forage test results to balance feed rations?..... <sub>1</sub> Yes <sub>3</sub> No
- 9. Does this operation feed a total mixed ration (TMR)?..... <sub>1</sub> Yes <sub>3</sub> No
- 10. Does this operation rely on pasture during the growing season to provide part of the forage component of the ration?..... <sub>1</sub> Yes <sub>3</sub> No

Code
0233
0234
0235

11. How many **dairy cows** milked on January 1, 2007, have received or will receive bST (bovine Somatotropin, trade name Posilac®) this lactation?.....

Head
0236

12. What is the current **rolling herd average** for milk production? (pounds/cow).....

0237	Annual
------	--------

**B – Dairy Herd Information And Management Practices**

	Number
13. During 2006, what was the <b>average number of days that dairy cows</b> were dry? .....	0238
14. During 2006, what was the <b>average calving interval, in months, for dairy cows?</b> (Calving interval is the time from one calving to the next calving for an individual cow.) .....	0239
15. What was the <b>average age, in months, of dairy heifers</b> at time of <b>first calving?</b> .....	0240

The following questions are concerned with the **routine** care and feeding of **newborn dairy heifer calves** that will be used **for dairy cow replacement**.

16. How soon after birth are **dairy heifer calves normally separated** from their mother?

**[Check only one.]**

- a. <sub>1</sub> Immediately (no nursing)
- b. <sub>2</sub> After nursing but less than 12 hours
- c. <sub>3</sub> 12 – 24 hours
- d. <sub>4</sub> More than 24 hours



Code
0241

17. How many hours after birth do newborn **dairy heifer calves** normally get their first feeding of colostrum? .....

Hours
0242

18. How do **newborn dairy heifer calves normally** get their first feeding of colostrum?

**[Check only one.]**

- a. <sub>1</sub> During first nursing
- b. <sub>2</sub> Hand feeding from bucket or bottle
- c. <sub>3</sub> Hand feeding using esophageal feeder
- d. <sub>4</sub> Do not get colostrum



Code
0243

**[If item 18 = '1' or '4', SKIP to Item 26. If Item 18 = '2' or '3', continue.]**

19. How much **first-milking colostrum** is normally **fed by hand** to **dairy heifer calves** during the **first 24 hours**?

**[Check only one.]**

- a. <sub>1</sub> Two quarts or less
- b. <sub>2</sub> More than 2, but less than 4 quarts
- c. <sub>3</sub> Four quarts or more



Code
0244

20. Does this operation estimate immunoglobulin (Ig) levels in, or quality of, colostrum? .....

<sub>1</sub> Yes    <sub>3</sub> No

Code
0245

**[If Item 20 = Yes, continue; if Item 20 = No, SKIP to Item 22.]**

**B – Dairy Herd Information And Management Practices**

21. What is the **primary** method used for estimating immunoglobulin (Ig) levels in, or quality of, colostrum?  
**[Check only one.]**

- a. <sub>1</sub> Colostrometer
- b. <sub>2</sub> Visual appearance
- c. <sub>3</sub> Volume of first milking colostrum (pounds)
- d. <sub>4</sub> Other? (Specify: \_\_\_\_\_ )



.....

Code
0246

22. Does this operation pool colostrum from more than one cow?..... <sub>1</sub> Yes <sub>3</sub> No

23. Does this operation store excess colostrum?..... <sub>1</sub> Yes <sub>3</sub> No

Code
0247
0248

**[If Item 23 = 'No', SKIP to Item 25.]**

24. What is the **primary** method of colostrum storage? **[Check only one.]**

- a. <sub>1</sub> Stored without refrigeration
- b. <sub>2</sub> Stored in the refrigerator
- c. <sub>3</sub> Stored in the freezer
- d. <sub>4</sub> Other? (Specify: \_\_\_\_\_ )



.....

Code
0249

25. Does this operation pasteurize colostrum?..... <sub>1</sub> Yes <sub>3</sub> No

Code
0250

26. Does this operation routinely monitor serum proteins (as a measure of passive transfer) within the first 3 days of age in **dairy heifer calves**?..... <sub>1</sub> Yes <sub>3</sub> No

Code
0251

27. Are the following **classes of cattle** raised exclusively on this operation?

- a. Unweaned dairy heifers ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Weaned dairy heifers ..... <sub>1</sub> Yes <sub>3</sub> No
- c. Bred dairy heifers ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0252
0253
0254

**[If 'Yes' for all classes of cattle, skip to question 34.]**

Please answer the following questions for dairy heifers that are raised off the operation.

28. At what age do **dairy heifers** leave the operation to be raised off site (days)?.....

Days
0255

29. At the time **dairy heifers** leave the operation to be raised off site, are they: **[Check only one.]**

- a. <sub>1</sub> Unweaned heifers?
- b. <sub>2</sub> Weaned heifers?
- c. <sub>3</sub> Bred heifers?
- d. <sub>4</sub> Other? (Specify: \_\_\_\_\_ )



.....

Code
0256

**B – Dairy Herd Information And Management Practices**

30. Which best describes the ownership of the majority of **dairy heifers** that are raised off site:

**[Check only one.]**

- a. <sub>1</sub> Ownership is retained
- b. <sub>2</sub> Same animals are sold and then bought back
- c. <sub>3</sub> Animals sold are not the same animals bought back
- d. <sub>4</sub> Other? (Specify: \_\_\_\_\_ )



<b>Code</b>
0257

31. How many miles are the **dairy heifers** transported to the off-site rearing facility? .....

<b>Miles</b>
0258

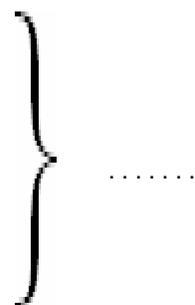
32. Do the **dairy heifers** ever leave the state of origin during the off-site rearing? ..... <sub>1</sub> Yes <sub>3</sub> No

<b>Code</b>
0259

33. Which of the following best describes the off-site rearing facility?

**[Check only one.]**

- a. <sub>1</sub> Dairy heifers are sent to a single rearing facility and do not have contact with cattle from other operations.
- b. <sub>2</sub> Dairy heifers are sent to multiple rearing facilities and do not have contact with cattle from other operations.
- c. <sub>3</sub> Dairy heifers are sent to a single rearing facility and have contact (commingled) with cattle from other operations.
- d. <sub>4</sub> Dairy heifers are sent to multiple rearing facilities and have contact (commingled) with cattle from other operations.
- e. <sub>5</sub> Other? (Specify: \_\_\_\_\_ )



<b>Code</b>
0260

34. At what age do **dairy heifer replacements** usually arrive or return to the operation (months)? ....

<b>Months</b>
0261

35. At the time **dairy heifer replacements** usually arrive or return to the operation, are they:

**[Check only one.]**

- a. <sub>1</sub> Unweaned heifers?
- b. <sub>2</sub> Weaned heifers?
- c. <sub>3</sub> Bred heifers?
- d. <sub>4</sub> Other? (Specify: \_\_\_\_\_ )



<b>Code</b>
0262

**B – Dairy Herd Information And Management Practices**

36. What percentage of **dairy heifer calves** received the following liquid diets at any time prior to weaning during 2006?

- a. Nonmedicated milk-replacer. ....
- b. Medicated milk-replacer. ....
- c. Unpasteurized waste milk. ....
- d. Pasteurized waste milk. ....
- e. Unpasteurized whole (saleable) milk. ....
- f. Pasteurized whole (saleable) milk. ....
- g. Other? (Specify: \_\_\_\_\_ ) ....
- h. Total (should be equal to or greater than 100%) . ....

Percent
0263
0264
0265
0266
0267
0268
0269
0270

**[If Item 36b = 0, SKIP to Item 38.]**

37. Was the milk-replacer medicated with:

- a. Chlortetracycline (CTC)? ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Oxytetracycline (OTC)? ..... <sub>1</sub> Yes <sub>3</sub> No
- c. Oxytetracycline in combination with Neomycin (Oxy/NEO)? ..... <sub>1</sub> Yes <sub>3</sub> No
- d. Decoquinatate? ..... <sub>1</sub> Yes <sub>3</sub> No
- e. Lasalocid? ..... <sub>1</sub> Yes <sub>3</sub> No
- f. Other? (Specify: \_\_\_\_\_ ) ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0271
0272
0273
0274
0275
0276

38. Which best describes how frequently milk feeding equipment (bottles, buckets, nipples) is cleaned and disinfected using bleach, soap, acids, etc.? **[Check only one.]**

- a. <sub>1</sub> Between calves
- b. <sub>2</sub> Daily
- c. <sub>3</sub> Weekly
- d. <sub>4</sub> Monthly
- e. <sub>5</sub> Other (Specify: \_\_\_\_\_ )



Code
0277

39. What is the **average age in days** that the following are routinely offered to unweaned **dairy heifer calves**:

- a. Water?.....
- b. Starter grain or other concentrates?.....
- c. Hay or other roughages?.....

Days
0278
0279
0280

40. What is the **average age, in weeks**, of **dairy heifer calves** at weaning? .....

Weeks
0281

**B – Dairy Herd Information And Management Practices**

The following questions are about routine **dairy herd** management.

41. Of the <b>dairy cow replacements</b> that entered the milking herd in 2006: .....	<b>Head</b>
a. How many were born and raised on this operation? .....	0282
b. How many were born on this operation and raised off this operation? .....	0283
c. How many were born off this operation? .....	0284
d. Total? .....	0285

42. During 2006, of the <b>dairy cows</b> that were <b>permanently removed</b> (excluding cows that died), how many were:	<b>Head</b>
a. Sent directly to another dairy? .....	0286
b. Sent to a market, auction, or stockyard? .....	0287
c. Sent directly to a packer or slaughter plant? .....	0288
d. Sent elsewhere? (Specify _____ ) .....	0289
e. Total? .....	0290

43. Of the <b>dairy cows</b> permanently removed (excluding those that died), how many were removed primarily because of:	<b>Head</b>
a. Udder or mastitis problems? .....	0291
b. Lameness or injury? .....	0292
c. Reproductive problems? .....	0293
d. Poor production not related to above problems? .....	0294
e. Aggressiveness or belligerence (kickers)? .....	0295
f. Other diseases? .....	0296
g. Sold as replacement animals to another dairy? .....	0297
h. Other reasons? (Specify: _____ ) .....	0298
i. Total (should equal Item 42e). .....	0299

**C – Health Management**

1. Does this operation normally vaccinate **dairy heifers or cows** for:

- a. BVD (*Bovine Viral Diarrhea*)? .....
- b. IBR (*Infectious Bovine Rhinotracheitis*)? .....
- c. P13 (*Parainfluenza Type 3*)? .....
- d. BRSV (*Bovine Respiratory Syncytial Virus*)? .....
- e. *Haemophilus somnus*? .....
- f. Lepto (*Leptospirosis*)? .....
- g. *Salmonella*? .....
- h. *E. coli* mastitis? .....
- i. Clostridia, such as black leg or enterotoxemia? .....
- j. Brucellosis (*heifers only*)? .....
- k. Johne's disease (*Mycobacterium paratuberculosis*) (*heifers only*)? .....
- l. *Neospora*? .....
- m. Other? (Specify: \_\_\_\_\_ ) <sup>0312</sup>

Code	
Yes = 1	No = 3
Heifers	Cows
0300	0313
0301	0314
0302	0315
0303	0316
0304	0317
0305	0318
0306	0319
0307	0320
0308	0321
0309	N/A
0310	N/A
0311	0322
0312	0323

**[If BVD vaccine is used (Item 1a = 'Yes'), continue; otherwise skip to Item 5.]**

2. What type(s) of BVD vaccine are injected into **dairy heifers or cows**:

- a. Killed? .....
- b. Modified live? .....

Code	
Yes = 1	No = 3
Heifers	Cows
0324	0326
0325	0327

3. Which strain of BVD is contained in the vaccine administered?

**[Check only one.]**

- a. <sub>1</sub> Type I only
- b. <sub>2</sub> Type II only
- c. <sub>3</sub> Combination (Type I and II)
- d. <sub>4</sub> Don't know



Code
0328

4. Are **dairy cows** given annual **BVD booster injections**? ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0329

5. Are **dairy heifer replacements** routinely tested for persistent infection (PI) with BVD? ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0330

**[If Item 5 is No, SKIP to Item 7.]**

**C – Health Management**

6. Which of the following testing methods are used?

- a. Individual ear notch. .... <sub>1</sub> Yes <sub>3</sub> No
- b. Pooled ear notch. .... <sub>1</sub> Yes <sub>3</sub> No
- c. Individual serum samples. .... <sub>1</sub> Yes <sub>3</sub> No
- d. Pooled serum samples. .... <sub>1</sub> Yes <sub>3</sub> No
- e. Other? (Specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0331
0332
0333
0334
0335

Now I have some questions about **preventive practices** you **normally** use. I'll ask about preventive practices for **dairy replacement heifers** and **dairy cows**.

7. For **dairy replacement heifers**, does this operation **normally** use:

- a. Dewormers? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- b. Coccidiostats in feed? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- c. Vitamins A-D-E **injection**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- d. Vitamins A-D-E **in feed**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- e. Selenium **injection**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- f. Selenium **in feed**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- g. Ionophores in Feed (e.g., Rumensin®, Bovatec®)? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- h. Probiotics? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- i. Anionic salts **in feeds**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- j. Other? (Specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No

Code
0336
0337
0338
0339
0340
0341
0342
0343
0344
0345

8. For **dairy cows**, does this operation **normally** use:

- a. Dewormers? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- b. Ionophores in feed (e.g., Rumensin®)? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- c. Vitamins A-D-E **injection**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- d. Vitamins A-D-E **in feed**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- e. Selenium **injection**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- f. Selenium **in feed**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- g. Probiotics? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- h. Anionic salts **in close-up dry cow feeds**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- i. Limited potassium **in dry cow ration**? ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- j. Other? (Specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No

Code
0346
0347
0348
0349
0350
0351
0352
0353
0354
0355

**C – Health Management**

9. During 2006, did any cows experience an adverse reaction (e.g., hives, collapse, abortion, lump or swelling in the location, etc.) to an injection (vaccine, antibiotic, vitamin, etc.)? ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0356

**[If Item 9 = No, SKIP to section D.]**

10. Of the cows experiencing adverse reactions, did any display the following clinical signs?

- a. Collapse ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Hives ..... <sub>1</sub> Yes <sub>3</sub> No
- c. Abortion ..... <sub>1</sub> Yes <sub>3</sub> No
- d. Lump or swelling in the location of injection. .... <sub>1</sub> Yes <sub>3</sub> No
- e. Loss of milk production. .... <sub>1</sub> Yes <sub>3</sub> No
- f. Lack of product efficacy ..... <sub>1</sub> Yes <sub>3</sub> No
- g. Fever ..... <sub>1</sub> Yes <sub>3</sub> No
- h. Lethargy ..... <sub>1</sub> Yes <sub>3</sub> No
- i. Respiratory disease ..... <sub>1</sub> Yes <sub>3</sub> No
- j. Infertility ..... <sub>1</sub> Yes <sub>3</sub> No
- k. Other? (Specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0357
0358
0359
0360
0361
0362
0363
0364
0365
0366
0367

11. Were any of the cows with adverse reactions examined by a veterinarian? ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0368

12. Did this operation report any of the adverse reactions to:

- a. Veterinarian? ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Manufacturer? ..... <sub>1</sub> Yes <sub>3</sub> No
- c. USDA's Center for Veterinary Biologics? ..... <sub>1</sub> Yes <sub>3</sub> No
- d. FDA's Center for Veterinary Medicine? ..... <sub>1</sub> Yes <sub>3</sub> No
- e. Other? (Specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No

Code
0369
0370
0371
0372
0373

**D – Births, Illness, and Deaths**

Now I need to ask about births, illness, and deaths in the **dairy herd** last year.

1. During 2006, how many **calves** (bulls and heifers) born to **dairy heifers** and **dairy cows** on this operation were:
- a. Born and alive at 48 hours? .....
  - b. Stillborn (born dead or died within 48 hours of birth)? .....
  - c. Total calves born? .....
  - (i) How many required **any** assistance during birth (Dystocia)? .....

<b>Head</b>
0400
0401
0402
0403

2. Of the calves born alive (Item 1a), how many were **dairy heifer calves**? .....

<b>Head</b>
0404

3. During 2006, how many **dairy heifers** and **dairy cows** aborted? .....

<b>Heifers</b>	<b>Cows</b>
0405	0406

4. During 2006, how many **dairy cows** had:
- a. Clinical mastitis (presence of abnormal milk and/or inflamed udder)? .....
  - b. Lameness? .....
  - c. Respiratory problems? .....
  - d. A retained placenta (more than 24 hours after delivery)? .....
  - e. Infertility problems (not pregnant 150 days after calving)? .....
  - f. Other reproductive problems (e.g., dystocia, metritis)? .....
  - g. Diarrhea for more than 48 hours? .....
  - h. Milk fever? .....
  - i. Displaced abomasum? .....
  - j. Neurological problems? .....
  - k. Other health-related problems? (Specify: \_\_\_\_\_ ) .....

<b>Head</b>
0407
0408
0409
0410
0411
0412
0413
0414
0415
0416
0417

**D – Births, Illness, and Deaths**

The following questions are about **dairy heifers** and **dairy cows** that **died or were euthanized during 2006**.

	<b>Unweaned Dairy Heifers</b>	<b>Weaned Dairy Heifers That Had Not Calved</b>	<b>Dairy Cows</b>
5. On this operation, how many unweaned and weaned <b>dairy heifers</b> and <b>dairy cows</b> :			
a. Died (not euthanized)?	0418	0421	0424
b. Were euthanized?	+ 0419	0422	0425
c. Total deaths (5a + 5b)?	= 0420	0423	0426

**[If Item 5c = '0' for all columns, SKIP to Item 8.]**

	<b>Unweaned Dairy Heifers</b>	<b>Weaned Dairy Heifers That Had Not Calved</b>	<b>Dairy Cows</b>
6. For each class of dairy animal that died during 2006, how many were necropsied in order to determine the cause of death? (must be less than or equal to item 5c.)	0427	0428	0429

	<b>Unweaned Dairy Heifers</b>	<b>Weaned Dairy Heifers That Had Not Calved</b>	<b>Dairy Cows</b>
7. How many animals died or were euthanized due to the following:			
a. Scours, diarrhea, or other digestive problems?	0430	0440	0449
b. Respiratory problems?	0431	0441	0450
c. Poison?	0432	0442	0451
d. Lameness or injury?	0433	0443	0452
e. Lack of coordination, severe depression or other CNS (Central nervous system) signs?	0434	0444	0453
f. Mastitis (cows only)?	N/A	N/A	0454
g. Calving problems?	0435	N/A	0455
h. Joint or navel problems (heifers only)?	0436	0445	N/A
i. Other known reasons? (Specify: _____).	0437	0446	0456
j. Unknown reason?	0438	0447	0457
k. Total (should equal Item 5c)?	0439	0448	0458

**D – Births, Illness, and Deaths**

---

8. What is the **primary** method of disposal for dead **calves or cows**?

**[Enter one Code for each.]**

- a. <sub>1</sub> Bury.....
- b. <sub>2</sub> Burn/incinerate.....
- c. <sub>3</sub> Render.....
- d. <sub>4</sub> Compost.....
- e. <sub>5</sub> Landfill.....
- f. <sub>6</sub> Other? (Specify:\_\_\_\_\_ ) .....



Calves
0459

Cows
0460



**E – Housing**

1. During 2006, did the following animal classes spend **any time** in **any** of the following housing/outside areas?

	Unweaned Dairy Heifers		Weaned Dairy Heifers		Lactating Dairy Cows		Dry (Nonlactating) Cows	
a. Tie stall or stanchion	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0500	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0509	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0518	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0527
b. Covered freestall	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0501	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0510	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0519	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0528
c. Uncovered freestall	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0502	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0511	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0520	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0529
d. Outside individual animal pen/hutch	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0503	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0512	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0521	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0530
e. Inside individual animal pen/hutch	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0504	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0513	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0522	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0531
f. Drylot/multiple animal outside area	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0505	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0514	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0523	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0532
g. Multiple animal inside area	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0506	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0515	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0524	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0533
h. Pasture	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0507	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0516	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0525	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0534
i. Other (Specify: _____)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0508	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0517	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0526	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	0535

2. What was the primary housing facility/outside area this operation used in 2006 for the following animal classes?

**[Enter only one code for each animal class.]**

- a. <sub>1</sub> Tie stall or stanchion
- b. <sub>2</sub> Covered freestall
- c. <sub>3</sub> Uncovered freestall
- d. <sub>4</sub> Outside individual animal pen/hutch
- e. <sub>5</sub> Inside individual animal pen/hutch
- f. <sub>6</sub> Drylot/multiple animal outside area
- g. <sub>7</sub> Multiple animal inside area
- h. <sub>8</sub> Pasture
- i. <sub>9</sub> Not housed on operation
- j. <sub>10</sub> Other? (Specify: \_\_\_\_\_)

Unweaned Dairy Heifers	Weaned Dairy Heifers	Lactating Dairy Cows	Dry (Nonlactating) Cows
0536	0537	0538	0539

E – Housing

3. Is maternity housing **separate** from housing used for lactating **dairy cows**? . . . . . <sub>1</sub> Yes    <sub>3</sub> No

<b>Code</b>
0540

4. What was the primary milking facility this operation used in 2006?

**[Check only one.]**

a. <sub>1</sub> Parlor milking facilities. . . . .

b. <sub>2</sub> Tie stall or stanchion barn milking facilities. . . . .

c. <sub>3</sub> Other type of milking facility? (Specify: \_\_\_\_\_ )



.....

<b>Code</b>
0541

**[If item 4 = '2' or '3', SKIP to Section F.]**

5. What best describes the parlor type?

**[Check only one.]**

a. <sub>1</sub> Side-opening (tandem)

b. <sub>2</sub> Herringbone (fishbone)

c. <sub>3</sub> Parallel (side-by-side)

d. <sub>4</sub> Parabone (herringbone-parallel hybrid)

e. <sub>5</sub> Swing

f. <sub>6</sub> Rotary (carousel)

g. <sub>7</sub> Flat barn

h. <sub>8</sub> Other? (Specify: \_\_\_\_\_ )



.....

<b>Code</b>
0542

**F – Biosecurity**

**For Questions 1 and 2, physical contact is defined as nose-to-nose contact or sniffing/touching/licking each other, including through a fence.**

<p>1. <b>After separation from the mother, but before weaning, do dairy heifer calves</b> have physical contact with:</p> <p>a. Weaned calves not yet of breeding age?.....</p> <p>b. Bred heifers that haven't calved?.....</p> <p>c. Adult cattle?.....</p>	<p><input type="checkbox"/><sub>1</sub> Yes    <input type="checkbox"/><sub>3</sub> No</p> <p><input type="checkbox"/><sub>1</sub> Yes    <input type="checkbox"/><sub>3</sub> No</p> <p><input type="checkbox"/><sub>1</sub> Yes    <input type="checkbox"/><sub>3</sub> No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0600</td> </tr> <tr> <td style="text-align: center;">0601</td> </tr> <tr> <td style="text-align: center;">0602</td> </tr> </tbody> </table>	Code	0600	0601	0602
Code						
0600						
0601						
0602						

What other animals are on this operation, and do they have physical contact with **any** of this operation's **dairy cows, dairy heifers, or their feed, minerals, or water supply**?

<p>2. Do <b>dairy cows, dairy heifers, or their feed</b> have any physical contact with:</p> <p>a. Chickens or other poultry?.....</p> <p>b. Horses, or other equine such as ponies, donkeys, mules, burros, etc.?.....</p> <p>c. Pigs?.....</p> <p>d. Sheep?.....</p> <p>e. Goats?.....</p> <p>f. Beef cattle?.....</p> <p>g. Exotic species such as llamas, alpacas, emus, etc.?.....</p> <p>h. Dogs?.....</p> <p>i. Cats?.....</p> <p>j. Deer or other members of the deer family such as elk, moose, etc.?.....</p>	<p><input type="checkbox"/><sub>1</sub> Yes    <input type="checkbox"/><sub>3</sub> No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0603</td> </tr> <tr> <td style="text-align: center;">0604</td> </tr> <tr> <td style="text-align: center;">0605</td> </tr> <tr> <td style="text-align: center;">0606</td> </tr> <tr> <td style="text-align: center;">0607</td> </tr> <tr> <td style="text-align: center;">0608</td> </tr> <tr> <td style="text-align: center;">0609</td> </tr> <tr> <td style="text-align: center;">0610</td> </tr> <tr> <td style="text-align: center;">0611</td> </tr> <tr> <td style="text-align: center;">0612</td> </tr> </tbody> </table>	Code	0603	0604	0605	0606	0607	0608	0609	0610	0611	0612
Code													
0603													
0604													
0605													
0606													
0607													
0608													
0609													
0610													
0611													
0612													

**[If Item 2j = 'No', SKIP to Item 4.]**

<p>3. On this operation, how often do members of the deer family (e.g., deer, elk, moose) have <b>face-to-face</b> contact with cattle?.....</p>	<p><input type="checkbox"/><sub>1</sub> Never    <input type="checkbox"/><sub>2</sub> Possibly    <input type="checkbox"/><sub>3</sub> Sometimes</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0613</td> </tr> </tbody> </table>	Code	0613
Code				
0613				

<p>4. During 2006, were <b>any cattle</b> (calves, heifers, cows, or bulls) brought onto the operation?.....</p>	<p><input type="checkbox"/><sub>1</sub> Yes    <input type="checkbox"/><sub>3</sub> No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0614</td> </tr> </tbody> </table>	Code	0614
Code				
0614				

**[If Item 4 = 'No', SKIP to section G.]**

F – Biosecurity

	<b>Head</b>
5. How many <b>cattle</b> (both dairy and beef) were brought onto this operation during 2006? ...	0615

	1 Were any of the following Types of cattle brought onto this operation	2 [If Column 1 is Yes, <u>ask:</u> ]  How many were brought onto this operation?	3 [If Column 2 is greater than 0, <u>ask:</u> ]  How many were quarantined upon arrival at the operation?	4 [If Column 3 is greater than 0, <u>ask:</u> ]  How long were they quarantined/ separated?
6. <i>[Record number of head by category in column 2, and ask about quarantine categories for each.]</i> .....				
a. Unweaned calves (Dairy or Beef)? . . .	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
b. Dairy heifers weaned, but not bred? . .	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
c. Bred dairy heifers? .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
d. Lactating dairy cows? .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
e. Dry dairy cows? .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
f. Beef heifers and cows? .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
g. Dairy bulls (weaned)? .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
h. Beef bulls (weaned)? .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
i. Steers (weaned)? .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
j. Add Items 6a – 6i and verify. (Total should equal Item 5) .....		0653		

**F – Biosecurity**

7. Before bringing **cattle** (either dairy or beef) onto the farm, does this operation **normally require vaccination** for:

- a. Brucellosis?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- b. BVD (*Bovine Viral Diarrhea*)?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- c. IBR (*Infectious Bovine Rhinotracheitis*)?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- d. Lepto (*Leptospirosis*)?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- e. *Neospora*?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- f. Anything else? (Specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No

Code
0654
0655
0656
0657
0658
0659

**[For Items 8 and 9, if the answer is 'No' for any practice, choose the "reason" from the following list.]**

**REASON LIST**

1 = Tests already performed by herd of origin	5 = Too many sources to test
2 = Too expensive to test	6 = Tests not reliable
3 = Not enough time to test	7 = Disease is not a concern to my operation
4 = Not recommended by veterinarian	8 = Other, specify

8. Before bringing **cattle** (either dairy or beef) onto the farm, does this operation **normally require individual animal testing** for:

- a. Brucellosis?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- b. Johne's disease (*Mycobacterium paratuberculosis*)?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- c. BVD (*Bovine Viral Diarrhea*)?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- d. TB (*Bovine Tuberculosis*)?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- e. Contagious mastitis pathogens? (*Staph. aureus*, *Strep. ag.*, *Mycoplasma*) ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- f. Anything else? (Specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No

Code	Reason for 'no'
0660	0666
0661	0667
0662	0668
0663	0669
0664	0670
0665	0671

9. Before bringing **cattle** (either dairy or beef) onto the farm, does this operation **normally require:**

- a. Herd-of-origin BVD status?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- b. Herd-of-origin Johne's disease (*Mycobacterium paratuberculosis*) status?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- c. Herd-of-origin bulk milk somatic cell count?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- d. Herd-of-origin bulk tank milk culture to evaluate contagious mastitis pathogens?..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
- e. Anything else? (Specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No

Code	Reason for 'no'
0672	0677
0673	0678
0674	0679
0675	0680
0676	0681

**G – Chemical Applications To Dairy Cattle**

**Now I have some questions about insecticides and chemical applications on this site/operation.**

10. During 2006, on the operation, were any **insecticides** or **other chemical** products applied to **dairy cattle** to control insects and other external pests (include custom applications)?

YES - (Continue)

NO - (Enter code 3 in box 0800 and go to Section H)

	<b>000</b>
1 – Incomplete 3 – Valid Zero	0800
<b>LINES IN TABLE</b>	0801

[ENUMERATOR NOTE: Complete tables for all chemical applications to dairy cattle. Use supplemental tables if necessary. If no code is listed in the Respondent Booklet, record the name and formulation of the insecticide product applied, what it was used for, whether it was liquid or dry, and its NADA/EPA registration number.]

	L I N E	1		2	3
		What product(s) were applied to your dairy cattle?  (Show product codes from Respondent Booklet)		Formulation  Was this product bought in liquid or dry form?  L = Liquid D = Dry	What was the method of application?  1 Spray 2 Injection 3 Feed Additive 4 Pour-on 5 Dust Bags 6 Ear Tags 7 Dip 8 Feed/mineral block 9 Rubbing devices 10 Pills/Bolus 11 Oral drench 12 Other
NOTES		Product	Code	Unit Code	Code
	802		0810		0811
	803		0810		0811
	804		0810		0811
	805		0810		0811
	806		0810		0811
	807		0810		0811
	808		0810		0811
	809		0810		0811

Line	(INSECTICIDE)	NADA/EPA No. or Tradename and Formulation	Form Purchased (Liquid or Dry)	Where Purchased [Ask only if NADA/EPA No. cannot be reported]

**G – Chemical Applications To Dairy Cattle (cont'd)**

	4	5	or	6	7	8	9
L I N E	How many head were treated with this product?	How much was applied per HEAD per application?	What was the TOTAL amount applied per application?	1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Ounces (L) 28 Ounces (D) 30 Grams 31 Cc/ml 41 Liters 50 Other	How many times was this applied?	What was the primary target pest for this application? 1 Mange/mites 2 Lice 3 Flies 4 Other	
	Head	Amount	Amount	Unit Code	Number	Code	
802	0812	0813 _____	0814 _____	0815	0816	0817	
803	0812	0813 _____	0814 _____	0815	0816	0817	
804	0812	0813 _____	0814 _____	0815	0816	0817	
805	0812	0813 _____	0814 _____	0815	0816	0817	
806	0812	0813 _____	0814 _____	0815	0816	0817	
807	0812	0813 _____	0814 _____	0815	0816	0817	
808	0812	0813 _____	0814 _____	0815	0816	0817	
809	0812	0813 _____	0814 _____	0815	0816	0817	

**H – Chemical Applications To Dairy Cattle Facilities**

1. In 2006, on this site/operation, did you apply any **insecticides** or **other chemical** products to **dairy cattle facilities** to control insects?

YES  - (Continue)

NO  - (Enter 3 in code Box 0900 and go to Section I)

	<b>000</b>
1 – Incomplete 3 – Valid Zero	0900
<b>LINES IN TABLE</b>	0901

[ENUMERATOR NOTE: Complete tables for all insecticide applications to **dairy cattle facilities**. **Dairy cattle facilities** include buildings, structures, etc. Use supplemental tables if necessary. If no code is listed in the Respondent Booklet, record the name and formulation of the product applied, what it was used for (insecticide, other), whether it was liquid or dry, and its EPA registration number.]

	1	2	3		
	Facility treated	What product(s) were applied to the [column 1] facility?	Was this product bought in liquid or dry form?		
	10. Individual or multi-pen 11. Freestall barn 12. Tie stall or stanchion barn 13. Milking parlor 14. Calf hutch 15. Drylot 16. Feed bunk/Apron 17. Loafing area/run-in shed 18. Other	[Show product codes from Respondent Booklet]	L = Liquid D = Dry		
L I N E	Facility	Code	Product	Code	Unit Code
<b>NOTES</b>					
	<b>902</b>	0910		0911	
	<b>903</b>	0910		0911	
	<b>904</b>	0910		0911	
	<b>905</b>	0910		0911	
	<b>906</b>	0910		0911	
	<b>907</b>	0910		0911	
	<b>908</b>	0910		0911	
	<b>909</b>	0910		0911	

LINE	Pesticide Type (INSECTICIDE)	EPA No. or Tradename and Formulation	Form Purchased (Liquid or Dry)	Where Purchased [Ask only if EPA No. cannot be reported.]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**H – Chemical Applications To Dairy Cattle Facilities**

	4	5	6
L I N E	<b>What was the TOTAL amount applied per application?</b>	1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Ounces (L) 28 Ounces (D) 30 Grams 31 Cc/ml 41 Liters 50 Other	<b>How many times was this applied?</b>
	Amount	Unit Code	Number
<b>902</b>	0912 ▪__ __	0913	0914
<b>903</b>	0912 ▪__ __	0913	0914
<b>904</b>	0912 ▪__ __	0913	0914
<b>905</b>	0912 ▪__ __	0913	0914
<b>906</b>	0912 ▪__ __	0913	0914
<b>907</b>	0912 ▪__ __	0913	0914
<b>908</b>	0912 ▪__ __	0913	0914
<b>909</b>	0912 ▪__ __	0913	0914

I – CONCLUSION

**[IF TOTAL DAIRY COWS ON HAND (SECTION A, ITEM 1) ARE 30 HEAD OR MORE, ASK RESPONDENT TO SIGN VMO CONSENT FORM.]**

RESPONDENT LOCATION (SPECIFIC DIRECTIONS) AND OTHER COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. **[Interview response code – check one and enter code.]**

- 1 = Zero Dairy Cows on Hand January 1, 2007 (but in business)
- 2 = Out of Business
- 3 = Refused General Dairy Management Report
- 4 = Complete and VMO Consent Signed
- 5 = Complete and VMO Refused
- 6 = Complete, Ineligible for VMO Stage (does not meet criteria or number of head)
- 7 = Out of Scope for General Dairy Management Report
- 8 = Office Hold
- 9 = Inaccessible



Code
2000

2. **[If the response code for item 1 is '3' or '5', check the reason below that best fits and enter code.]**

- 1 = Does not want to commit time to the project
- 2 = Does not want involvement with government veterinarian, or has had previous bad experience with veterinarian.
- 3 = Does not have the necessary records available.
- 4 = Has participated in too many surveys.
- 5 = Does not want outside people on the dairy operation.
- 6 = A bad time of year (planting, harvesting, second job, etc.).
- 7 = Currently has or recently had a disease problem with the herd.
- 8 = Believes that surveys and reports hurt the farmer more than help.
- 9 = Could not get owners permission.
- 10 = No reason given, or other miscellaneous reasons



CODE
2001

3. Did the respondent use written or computerized records to assist in answering this survey?.....

<sub>1</sub> Yes <sub>3</sub> No

Code
1001

ENDING TIME [MILITARY].....

2002
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Respondent's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

Response		Respondent		Mode		Enum.	Eval.
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-Mail 2-Tel <b>3-Face-to-Face</b> 6-e-mail 7-Fax 19-Other	9903	0098	0100
S/E Name							