



Animal and
Plant Health
Inspection
Service

Veterinary
Services

National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

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Dairy Heifer-raiser 2011 Study (April 1–August 31, 2011)

	Interviewer:	Date:
State FIPS: 2 digits Operation #: 3 digits	Initials	(mm/dd/yy)

For this study, a heifer-raising operation is defined as an operation that raised at least 20 dairy heifer calves for at least one operation other than its own during 2010. These operations are commonly known as custom raisers or calf ranches. If your operation meets the definition of a heifer raiser, please complete the questionnaire.

As mentioned in the brochure, you will have the option of signing up to receive a personalized report comparing your operation with other dairy heifer raisers. Please be sure to complete the sign up page at end of the questionnaire!

Section A—General Herd Information

1. How many years has this operation been a heifer raising operation (i.e., raised dairy heifer calves/dairy replacement heifers for at least one other operation)? H101 _____ years

2. How important is each of the following challenges to your operation currently?
[Check one number only in each row.]

	Very Important	Somewhat Important	Not Important
a. Heifer health—sickness and death H102	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Feed cost/availability..... H103	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Labor cost H104	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Labor availability H105	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Labor communication..... H106	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Source of calves..... H107	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Client relations H108	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Environmental regulations H109	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Payments from producers..... H110	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Other (specify: _____) H111OTH H111	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

3. Are you a member of the Dairy Calf and Heifer Association (DCHA)? H112 ₁ Yes ₃ No

4. How many of the following types of cattle do you have on the operation today **and** how many of the following types of cattle were brought onto the operation throughout 2010 (if multiple types of cattle are raised, please indicate the category and number that represents the cattle at the time they were brought on to your operation)? [Enter 0 if no cattle of the specific type.]

	# head today	Total # head brought on during 2010
Dairy heifers and cows:		
a. Preweaned dairy heifers ("wet" calves)..... H113/H126	_____	_____
b. Weaned but not pregnant dairy heifers (dairy replacements) H114/H127	+ _____	+ _____
c. Pregnant dairy heifers H115/H128	+ _____	+ _____
d. Lactating and dry dairy cows H116/H129	+ _____	+ _____
Total dairy heifers and cows [sum of 4a-4d]..... H117/H130	= _____	= _____
Dairy bulls, dairy-beef and beef cattle:		
e. Preweaned dairy bulls (intended for breeding) H118/H131	+ _____	+ _____
f. Weaned dairy bulls up to 1 year old (intended for breeding)..... H119/H132	+ _____	+ _____
g. Dairy bulls 1 year and older (intended for breeding).. H120/H133	+ _____	+ _____
h. Preweaned beef and dairy-beef calves (including heifers, steers, and bulls) H121/H134	+ _____	+ _____
i. Weaned beef and dairy-beef calves up to 1 year old (including heifers, steers and bulls)..... H122/H135	+ _____	+ _____
j. Beef and dairy-beef cattle 1 year and older H123/H136	+ _____	+ _____
Total dairy bulls, dairy-beef, and beef cattle [sum of 4e-4j]..... H124/H137	= _____	= _____
Total cattle [sum of 4a-4j]..... H125/H138	= _____	= _____
5. Of the cattle on the operation during 2010, how many were of Mexican origin ("M" brand on right hip)? [If none, enter 0.]..... H139		_____
6. During 2010, how many dairy heifers raised on your operation originated from the following sources? [If no heifers obtained from a source, enter 0.]		
a. Your own dairy operation (include home-raised replacements) H140		_____
b. Other dairy operations..... H141		+ _____
c. Auction markets/sale barns..... H142		+ _____
d. Other heifer-raising operations H143		+ _____
e. Private sales not associated with a dairy operation..... H144		+ _____
f. Other (specify: _____) H145OTH..... H145		+ _____
Total number of dairy heifers raised during 2010 [should = 4a+4b+4c second column]..... H146		= _____

7. During 2010, how many clients did you raise dairy heifers for? H147 _____
8. For dairy heifers brought onto the operation during 2010, at what age did the majority of dairy heifers generally:
- a. Arrive at this operation (age)? H148 _____ OR _____ OR _____
days weeks months
- b. Leave this operation (age)? H149 _____
months

Section B—Transportation Methods and Distance Traveled

1. During 2010, for all dairy heifers transported **to** your facility and for each source, record the number of heifers per shipment, the number of shipments; the average, minimum, and maximum distance transported; and whether any shipments crossed State lines. *[If you received dairy heifers from more than 10 operations, please complete the following table and additional form at the end of the questionnaire for the 10 that represent the largest number of dairy heifers.]*

A shipment is one group of animals moved at once, regardless of the number of vehicles required to move them.

Source of heifers	Average number of dairy heifers per shipment in 2010	Number of shipments that arrived in 2010	Distance transported to your facility (miles)			Did any shipments cross State lines (Yes/No)?*
			Average	Min	Max	
Dairy of origin 1	H201a	H206a	H211a	H216a	H221a	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226a
Dairy of origin 2	H201b	H206b	H211b	H216b	H221b	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226b
Dairy of origin 3	H201c	H206c	H211c	H216c	H221c	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226c
Dairy of origin 4	H201d	H206d	H211d	H216d	H221d	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226d
Dairy of origin 5	H201e	H206e	H211e	H216e	H221e	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226e
Auction markets/sale barns	H202	H207	H212	H217	H222	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H227
Other dairy heifer-raising operations	H203	H208	H213	H218	H223	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H228
Private sales not associated with a dairy operation	H204	H209	H214	H219	H224	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H229
Other (specify: _____) H205OTH	H205	H210	H215	H220	H225	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H230

*If any shipments crossed State lines, please list all the States the cattle traveled: _____ H231

2. During 2010, for all dairy heifers that were transported **off** your operation, for each destination, record the number of heifers per shipment, the number of shipments; the average, minimum, and maximum distance transported; and whether any shipments crossed State lines. *[If you shipped dairy heifers to more than 10 operations, please complete the following table and additional form at the end of the questionnaire for the 10 that represent the largest number of dairy heifers.]*

Destination	Average number of dairy heifers per shipment in 2010	Number of shipments that left this operation in 2010	Distance transported from your operation (miles)			Did any shipments cross State lines (Yes/No)?*
			Average	Min	Max	
Dairy of origin 1	H232a	H237a	H242a	H247a	H252a	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257a
Dairy of origin 2	H232b	H237b	H242b	H247b	H252b	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257b
Dairy of origin 3	H232c	H237c	H242c	H247c	H252c	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257c
Dairy of origin 4	H232d	H237d	H242d	H247d	H252d	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257d
Dairy of origin 5	H232e	H237e	H242e	H247e	H252e	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257e
Another dairy operation—not the dairy of origin	H233	H238	H243	H248	H253	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H258
Other dairy heifer raising operations	H234	H239	H244	H249	H254	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H259
Auction markets/sale barns	H235	H240	H245	H250	H255	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H260
Other (specify: _____) H236OTH	H236	H241	H246	H2510	H256	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H261

*If any shipments crossed State lines, please list all the States the cattle traveled:

H262

3. Which of the following best describes how frequently heifer transport Vehicles (*to or from facility*) owned, leased, or contracted by this operation were washed/rinsed out during 2010? *[Check one only.]*

H263

- ₁ After every shipment
- ₂ After 2 to 3 shipments
- ₃ After 4 to 5 shipments
- ₄ After more than 5 shipments
- ₅ Other (specify: _____)H263OTH
- ₆ Not applicable—this operation’s vehicles not used for transport
- ₇ Unknown or no standard procedure

[If Question 3 = 6 or 7, SKIP to Question 5.]

4. Did washing/rinsing of vehicles usually include a disinfectant? H264 ₁ Yes ₃ No
5. During 2010, were this operations’ vehicles used to transport dairy heifers also used to transport other types of cattle?..... H265 ₁ Yes ₃ No

6. During 2010, did you receive dairy heifers from or send them to another country?..... H266 ₁ Yes ₃ No
 If YES, please list the country(ies): H266OTH

Section C—Ownership and Identification

1. During 2010, what percentage of dairy heifers raised on your operation:
- | | |
|---|---------------|
| a. Originated from your own dairy operation?..... H301 | _____ % |
| b. Were owned by dairy of origin—not your operation (retained ownership)?..... H302 | + _____ % |
| c. Bought by you and then sold back to the dairy of origin? H303 | + _____ % |
| d. Bought by you and not sold back to the dairy of origin? H304 | + _____ % |
| e. Purchased from auction market/sale barn? H305 | + _____ % |
| f. Other? (specify: _____) H306OTH H306 | + _____ % |
| Total | = 100% |
2. During 2010, did your operation use a heifer record accounting program for management and record-keeping purposes (e.g., PCDart for heifers, Dairy Comp 305, Heifer DOT dat, HeiferPRO, or home-made)? H307 ₁ Yes ₃ No
3. During 2010, did you use the following individual animal identification methods for any dairy heifers?
- | | |
|--|--|
| a. Nonelectronic ear tags inserted prior to arrival at your operation H308 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. Electronic (RFID) ear tags inserted prior to arrival at your operation H309 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| c. Nonelectronic ear tags inserted at your operation H310 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| d. Electronic (RFID) ear tags inserted at your operation H311 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| e. Other (specify _____) H312OTH H312 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |

[If Questions 3a–3e = NO, SKIP to Question 5.]

4. During 2010, did this operation require and maintain at least two forms of unique **individual animal identification** for each dairy heifer while on your operation?..... H313 ₁ Yes ₃ No
5. During 2010, were any dairy heifers on your operation hide branded? H314 ₁ Yes ₃ No
 If YES, were dairy heifers branded:
- | | |
|--|--|
| a. Prior to arrival at your operation?..... H315 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. At your operation?..... H316 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| c. Other (specify: _____) H317OTH..... H317 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
6. During 2010, did this operation require and maintain at least a single **herd-level identification** (e.g., unique ear tags, branding, etc.) identifying the dairy of origin for each dairy heifer while on your operation?..... H318 ₁ Yes ₃ No

7. During 2010, did this operation track dairy heifer inventory for individual clients on at least a monthly basis (provide a report back to clients)?..... H319 ₁ Yes ₃ No ₄ NA—all cattle owned by this operation
8. During 2010, did this operation provide the following information back to the dairy of origin or buyer of individual dairy heifers?
- a. A report on the health of individual heifers (treatment records, deaths)..... H320 ₁ Yes ₃ No
- b. A report on the performance (gain, etc.)..... H321 ₁ Yes ₃ No
- c. A report on breeding history/reproductive records of individual heifers..... H322 ₁ Yes ₃ No

Section D—Housing

1. Of the housing types listed below, which was the primary housing type used during 2010 for each of the following heifer classes?

Housing types
1 – Individual outside hutch/pen
2 – Individual inside hutch/pen – warm (heated) calf barn
3 – Individual inside hutch/pen – cold (nonheated) calf barn
4 – Tie stall or stanchion
5 – Pasture
6 – Freestall
7 – Dry lot/multiple animal outside area – excludes pasture
8 – Bedded pack/open shed
9 – Multiple animal inside area/barn
10 – Other (specify: _____)
11 – Not housed on this operation

Code (1–11 above)

- a. Preweaned dairy heifers (“wet” calves)..... H401 _____
- b. Weaned dairy heifers H402 _____
- c. Pregnant dairy heifers H403 _____

[If all heifers are housed in outside housing, SKIP to Question 3.]

2. If heifers are primarily housed inside, is the facility:
- a. Naturally ventilated (open sidewalls, windows, etc.)..... H404 ₁ Yes ₃ No
- b. Mechanically ventilated (fans, forced air, etc.)..... H405 ₁ Yes ₃ No
- c. Not ventilated H406 ₁ Yes ₃ No

[If you only raise dairy heifers for a single client/operation, SKIP to Section E.]

3. During 2010, were dairy heifer calves from one dairy operation (source):
- a. Commingled (grouped or housed in the same multiple-animal area) with dairy heifers from other operations?H407 ₁ Yes ₃ No
 - b. Housed separately but allowed nose-to-nose (fence-line) contact with dairy heifers from other operations?H408 ₁ Yes ₃ No
 - c. Commingled or allowed nose-to-nose (fence-line) contact with beef or dairy-beef cattle?H409 ₁ Yes ₃ No ₄ NA—no beef cattle
 - d. Commingled or allowed nose-to-nose (fence-line) contact with Mexican-origin cattle?.....H410 ₁ Yes ₃ No ₄ NA—no Mexican-origin cattle
4. During 2010, did this operation use a hospital pen for dairy heifers? H411 ₁ Yes ₃ No
- If YES,
- a. Were dairy heifers from more than one source housed in the hospital pen at the same time? H412 ₁ Yes ₃ No
 - b. Did dairy heifers in the hospital pen have nose-to-nose (fenceline) contact with cattle not in the hospital pen? H413 ₁ Yes ₃ No

Section E—Passive Transfer and Feeding

NOTE: If no preweaned dairy heifers (wet calves) were housed on this operation during 2010, SKIP to Question 16.

1. During 2010, was colostrum administered to newborn dairy heifer calves:
- a. At dairy of origin?H501 ₁ Yes ₃ No ₄ Not sure
 - b. At this heifer-raising operation? H502 ₁ Yes ₃ No
 - c. Other? (specify: _____) H503OTH..... H503 ₁ Yes ₃ No

[If Question 1b = NO, SKIP to Question 3.]

2. Were the following sources of colostrum used during 2010?
- a. Individual cow colostrum from dairy of origin H504 ₁ Yes ₃ No
 - b. Individual cow colostrum not from dairy of origin H505 ₁ Yes ₃ No
 - c. Pooled cow colostrum from dairy of origin H506 ₁ Yes ₃ No
 - d. Pooled cow colostrum not from dairy of origin H507 ₁ Yes ₃ No
 - e. Acquire[®], Secure[®] (commercial colostrum replacer) H508 ₁ Yes ₃ No
3. During 2010, did this operation routinely monitor serum proteins (as a measure of passive transfer status) of newborn dairy heifer calves prior to or upon arrival at your operation? H509 ₁ Yes ₃ No
- If YES, were the following actions taken for calves that were considered to have failure of passive transfer?
- a. Calves were refused at your operation H510 ₁ Yes ₃ No
 - b. Calves were purchased or accepted, but with conditions (lower purchase price or charge more to raise, not liable for death, etc.) H511 ₁ Yes ₃ No
 - c. Other (specify: _____) H512OTH..... H512 ₁ Yes ₃ No

4. During 2010, what percentage of preweaned dairy heifer calves received the following liquid diets prior to weaning?
- | | | |
|--|--------------|----------------|
| a. Nonmedicated milk replacer | H513 | _____ % |
| b. Medicated milk replacer | H514 | + _____ % |
| c. Unpasteurized nonsaleable (waste) milk | H515 | + _____ % |
| d. Pasteurized nonsaleable (waste) milk | H516 | + _____ % |
| e. Other (specify: _____) | H517OTH H517 | + _____ % |
| Total (will be >100% if individual calves received more than one diet) | | ≥ 100 % |

[If Questions 4a and 4b BOTH equal 0, SKIP to Question 7.]

5. What percentage of protein and of fat was in the milk replacer fed to the majority of dairy heifers in 2010? H518/H519
- _____ and _____
% protein % fat

OR

What was the total solids concentration of the combination of milk replacer and milk that was fed to the majority of calves in 2010? H520 _____ total solids

[If Question 4b = 0 (NO medicated milk replacer fed), SKIP to Question 7.]

6. During 2010, what percentage of calves received the following medications in milk replacers?
- | | | |
|---|--------------|---------|
| a. Chlortetracycline (CTC)?..... | H521 | _____ % |
| b. Oxytetracycline (OTC)?..... | H522 | _____ % |
| c. Oxytetracycline in combination with neomycin (Oxy/NEO)?..... | H523 | _____ % |
| d. Deccox [®] (Decoquinat)? | H524 | _____ % |
| e. Bovatec [®] (Lasalocid)? | H525 | _____ % |
| f. Other? (specify: _____) | H526OTH H526 | _____ % |

[If ONLY milk replacer was fed, SKIP to Question 8.]

7. During 2010, what percentage of milk was obtained and fed to calves from the following sources?
- | | | |
|---|--------------|--------------|
| a. A single dairy operation..... | H527 | _____ % |
| b. Pooled milk from multiple sources/dairies..... | H528 | _____ % |
| c. Rejected milk from processing plant | H529 | _____ % |
| d. Other (specify: _____) | H530OTH H530 | _____ % |
| Total | | 100 % |

8. During 2010, how many times per day was milk or milk replacer fed to calves?
[Check one only.] H531
- ₁ Once daily
- ₂ Twice daily
- ₃ Three times daily
- ₄ Other (specify: _____) H531OTH

9. During 2010, how much milk or milk replacer (in quarts or pounds) was fed to each calf at each feeding?H532 **OR**
quarts pounds

If volume fed changes with age, please describe the amounts given at the different ages: H532OTH

10. Which equipment do you use primarily for feeding milk or milk replacer to dairy heifer calves? [Check one only.] H533

- ₁ Bottle
- ₂ Bucket
- ₃ Other (specify: _____) H533OTH

11. Which best describes how the milk feeding equipment chosen above was managed during 2010? [Check one only.] H534

- ₁ Rinsed with water after each feeding (2 or 3 times per day)
- ₂ Rinsed with water once daily
- ₃ Cleaned and disinfected after each feeding (2 or 3 times per day)
- ₄ Cleaned and disinfected once daily
- ₅ Cleaned and disinfected less often than daily
- ₆ Cleaned and disinfected after dairy heifers were moved from milk feeding area (weaned)
- ₇ Other (specify: _____) H534OTH

[If dairy heifer calves raised for only ONE source/client/operation, SKIP to Question 14.]

12. During 2010, was different feeding equipment used for preweaned dairy heifers originating from different sources? H535 ₁ Yes ₃ No

13. During 2010, was the feeding equipment used for preweaned dairy heifers from one source cleaned before using it for heifers from another source? H536 ₁ Yes ₃ No

14. During 2010, what was the average age (in days) of dairy heifers when they were first offered:

- a. Water? H537 days
- b. Starter grain or other concentrates? H538 days
- c. Hay or other roughages? H539 days

15. During 2010, what was the average age (in weeks) at weaning for dairy heifers?H540 weeks

16. During 2010, did this operation use medicated feed in rations for any weaned or pregnant dairy heifers to prevent disease or promote growth? H541 ₁ Yes ₃ No

[If Question 16 = NO, SKIP to Question 18.]

17. What percentage of weaned heifers and pregnant heifers received the following medications during 2010 (If no weaned or pregnant heifers, please check appropriate box at top of column)?

	Weaned Heifers	Pregnant Heifers
	<input type="checkbox"/> No weaned heifers <small>H542</small>	<input type="checkbox"/> No pregnant heifers <small>H552</small>
a. Rumensin [®] , Bovatec [®] , Cattlyst [®] (ionophores)H543/H553	_____ %	_____ %
b. Corid [®] , Deccox [®] (coccidiostats)H544/H554	_____ %	_____ %
c. Aureomycin [®] (chlortetracycline compounds)H545/H555	_____ %	_____ %
d. Neo-Terramycin [®] 100/100 (neomycin-oxytetracycline)H546/H556	_____ %	_____ %
e. Neomycin sulfate.....H547/H557	_____ %	_____ %
f. OTC 4 Crumbles [®] , Terramycin [®] 200 (oxytetracycline compounds)H548/H558	_____ %	_____ %
g. Aureo S 700 [®] 2G Crumbles (aureomycin and sulfamethazine)H549/H559	_____ %	_____ %
h. Tylosin sulfateH550/H560	_____ %	_____ %
i. OtherH551/H561 (specify: _____) ... H551OTH/H561OTH	_____ %	_____ %

18. Which of the following best describes how frequently during 2010 leftover feed (weigh backs) from older cattle were fed back to younger heifers? [Check one only.]

H562

- Routinely (daily or weekly)
- Rarely (less than once per month)
- Never

Section F—Biosecurity Practices

1. In addition to dairy heifers, which of the following animals were on this operation or on adjacent (fenceline contact possible) operations during 2010?

Animal Type	On This Operation	On Adjacent Operation(s) (fence-line contact possible)	
Beef cattle	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H601/H613
Chickens or other poultry	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H602/H614
Horses, donkeys, mules, etc.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H603/H615
Pigs (domestic)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H604/H616
Sheep	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H605/H617
Goats	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H606/H618
Dogs	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H607/H619
Cats	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H608/H620
Captive deer or elk	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H609/H621
Llamas, alpacas	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H610/H622
Bison	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H611/H623
Other (specify: _____) H612OTH	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H612/H624

2. During 2010, how frequently were the following wild animals and/or signs of wild animals (scat, tracks, etc.) observed *on this operation*?

- | | | | |
|---|---|---|--|
| a. Deer..... H625 | <input type="checkbox"/> ₁ Never | <input type="checkbox"/> ₂ Less than monthly | <input type="checkbox"/> ₃ At least monthly |
| b. Elk or moose H626 | <input type="checkbox"/> ₁ Never | <input type="checkbox"/> ₂ Less than monthly | <input type="checkbox"/> ₃ At least monthly |
| c. Coyotes, foxes, raccoons..... H627 | <input type="checkbox"/> ₁ Never | <input type="checkbox"/> ₂ Less than monthly | <input type="checkbox"/> ₃ At least monthly |
| d. Feral swine H628 | <input type="checkbox"/> ₁ Never | <input type="checkbox"/> ₂ Less than monthly | <input type="checkbox"/> ₃ At least monthly |
| e. Other wild animals H629
(specify: _____) H629OTH | <input type="checkbox"/> ₁ Never | <input type="checkbox"/> ₂ Less than monthly | <input type="checkbox"/> ₃ At least monthly |

[If Question 2a = NEVER, SKIP to Question 4.]

3. How frequently were deer observed in the dairy heifer housing areas, pastures, or lots? H630 ₁Never ₂ Less than monthly ₃ At least monthly
4. During 2010, were dairy heifers tested for any diseases prior to or after arrival at your operation? H631 ₁ Yes ₃ No
- If YES, were they tested for the following diseases:
- | | | | |
|--|---|--|--|
| a. Bovine viral diarrhea—persistently infected animals (BVD-PI)?..... H632 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | |
| b. Brucellosis? H633 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | |
| c. Tuberculosis? H634 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | |
| d. Other? (specify: _____) H635OTH..... H635 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | |

5. During 2010, how many of this operation's personnel (unpaid and paid labor) had duties that included feeding or care of dairy heifers?..... H636 _____
6. During 2010, how many of this operation's personnel had direct contact with cattle on another operation (including personnel that own cattle housed at another location)? H637 _____

[If NO preweaned dairy heifer calves on the operation, SKIP to Question 8.]

7. During 2010, did personnel usually wear latex or nitrile gloves when handling/feeding preweaned dairy heifers?..... H638 ₁ Yes ₃ No

[If dairy heifer calves raised for only ONE source/client/operation, SKIP to Question 9.]

8. During 2010, did personnel use footbaths when moving between dairy heifers originating from different sources?..... H639 ₁ Yes ₃ No
9. During 2010, were personnel required to be tested for tuberculosis (TB) at any time during employment? H640 ₁ Yes ₃ No
10. During 2010, did personnel feed younger heifers before feeding older heifers? H641 ₁ Yes ₃ No
11. During 2010, did personnel treat/manage younger heifers before older heifers H642 ₁ Yes ₃ No
12. During 2010, did personnel manage healthy heifers before treating sick heifers?H643 ₁ Yes ₃ No
13. During 2010, did this operation work with or consult a:
- a. Veterinarian on a routine basis (e.g., weekly or monthly)?..... H644 ₁ Yes ₃ No
 - b. Nutritionist on a routine basis (e.g., weekly or monthly)? H645 ₁ Yes ₃ No
 - c. Artificial Insemination (AI) technician H646 ₁ Yes ₃ No
 - d. University/extension personnel? H647 ₁ Yes ₃ No
 - e. Federal or State animal health official?..... H648 ₁ Yes ₃ No

14. If Question 13 = YES for any response, how frequently were the following consultants allowed in heifer housing areas? *[Choose one code for each consultant.]*

Frequency

1. Daily	4. Less than monthly
2. Weekly	5. Never
3. Monthly	6. Not applicable

Code (1–6)

- a. Veterinarian.....H649 _____
- b. AI technicianH650 _____
- c. NutritionistH651 _____
- d. University/extension personnelH652 _____
- e. Federal or state animal health officialH653 _____

[If Questions 14a and 14b = NEVER or NOT APPLICABLE, SKIP to Question 17.]

15. Which of the following biosecurity practices were used by veterinarians?
- a. Footbath H654 ₁ Yes ₃ No
 - b. Disposable boots..... H655 ₁ Yes ₃ No
 - c. Clean coveralls/boots..... H656 ₁ Yes ₃ No
 - d. Other (specify: _____) H657OTH..... H657 ₁ Yes ₃ No

16. Which of the following biosecurity practices were used by AI technicians?
- a. Footbath H658 ₁ Yes ₃ No
 - b. Disposable boots..... H659 ₁ Yes ₃ No
 - c. Clean coveralls/boots..... H660 ₁ Yes ₃ No
 - d. Other (specify: _____) H661OTH..... H661 ₁ Yes ₃ No

17. During 2010, were visitors, including tour groups, etc., allowed in areas where dairy heifers were housed (Do not include employees of the operation or consultants (e.g. veterinarians, AI technicians, etc.)? H662 ₁ Yes ₃ No

If YES, how frequently were visitors allowed in dairy heifer housing areas?

[Check one only.]

H663

- ₁ Daily
- ₂ Weekly
- ₃ Monthly
- ₄ Less than monthly
- ₅ Never

[If Question 17 = NEVER, SKIP to Question 19.]

18. Did visitors use the following biosecurity practices?
- a. Footbaths H664 ₁ Yes ₃ No
 - b. Disposable boots..... H665 ₁ Yes ₃ No
 - c. Clean coveralls/boots..... H666 ₁ Yes ₃ No
 - d. Visitors vehicles not allowed in animal areas H667 ₁ Yes ₃ No
 - e. Other (specify: _____) H668OTH..... H668 ₁ Yes ₃ No

19. During 2010, were vehicles other than those of your operation allowed into the dairy heifer areas?
[Include only those vehicles that drove among the hutches or pens. Do not include vehicles that were in a designated parking area.]..... H669 ₁ Yes ₃ No

If YES, which of the following visitors were allowed to bring vehicles into dairy heifer areas?

- a. Veterinarian..... H670 ₁ Yes ₃ No ₄ NA—did not use
- b. Nutritionist H671 ₁ Yes ₃ No ₄ NA—did not use
- c. AI technician..... H672 ₁ Yes ₃ No ₄ NA—did not use
- d. University/extension personnel H673 ₁ Yes ₃ No ₄ NA—did not use
- e. Private/contract hauler H674 ₁ Yes ₃ No ₄ NA—did not use
- f. Other dairy operators H675 ₁ Yes ₃ No ₄ NA—did not use
- g. Rendering company H676 ₁ Yes ₃ No ₄ NA—did not use
- h. Employees H677 ₁ Yes ₃ No
- i. Other (specify: _____) H678OTH..... H678 ₁ Yes ₃ No

20. During 2010, how often did this operation use the same equipment to handle manure and feed dairy heifers (using the same loader and changing buckets between handling feed and manure constitutes using the same equipment)? *[Check one only.]* H679

- ₁ Routinely (daily or weekly)
- ₂ Rarely (less than once per month)
- ₃ Never

[If Question 20 = NEVER, SKIP to Question 22.]

21. If routinely or rarely used to handle manure and feed, was the equipment disinfected between uses?..... H680 ₁ Yes ₃ No

22. During 2010, did this operation share any equipment with other livestock operations or use a custom harvester or manure hauler (e.g., tractors, feeding equipment, manure spreaders, trailers, etc.)? H681 ₁ Yes ₃ No

If YES, was the equipment disinfected prior to use on this operation? H682 ₁ Yes ₃ No

23. During 2010, did this operation breed any dairy heifers?..... H683 ₁ Yes ₃ No

[If Question 23 = NO, SKIP to Section G.]

24. During 2010, did AI technicians change palpation sleeves between heifers? H684 ₁ Yes ₃ No ₄ NA—did not use

25. For pregnancy exams performed during 2010, were palpation sleeves changed between heifers? H685 ₁ Yes ₃ No ₄ NA—did not use

26. During 2010, did this operation use any bulls for breeding heifers? H686 ₁ Yes ₃ No
- If YES, were the following true regarding management of breeding bulls:
- a. Owned by dairy of origin of dairy heifers? H687 ₁ Yes ₃ No
 - b. Purchased directly from nonclient farm? H688 ₁ Yes ₃ No
 - c. Purchased from auction? H689 ₁ Yes ₃ No
 - d. Underwent breeding soundness exams? H690 ₁ Yes ₃ No
 - e. Evaluated for genital warts? H691 ₁ Yes ₃ No
 - f. Tested for trichomoniasis? H692 ₁ Yes ₃ No
 - g. Tested for BVD? H693 ₁ Yes ₃ No
 - h. Tested for tuberculosis? H694 ₁ Yes ₃ No
 - i. Tested for brucellosis? H695 ₁ Yes ₃ No
 - j. Vaccinated against vibriosis? H696 ₁ Yes ₃ No

Section G—Preventive Practices and Vaccination

1. During 2010, did this operation normally use the following disease prevention practices for each class of dairy heifer? *[If no preweaned, weaned or pregnant heifers, please check appropriate box at top of column.]*

	Preweaned Heifers	Weaned Heifers	Pregnant Heifers	
	<input type="checkbox"/> ₁ No preweaned heifers	<input type="checkbox"/> ₁ No weaned heifers	<input type="checkbox"/> ₁ No pregnant heifers	H701/H708/H715
Preventive Practice				
Safe-Guard [®] , Dectomax [®] , Ivomec [®] (dewormers)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H702/H709/H716
Administer magnets	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H703/H710/H717
Vitamin A-D-E injection/feed additive	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H704/H711/H718
BO-SE [®] (selenium injection)/feed additive	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H705/H712/H719
Probios [®] , Fastrack [®] (probiotics)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H706/H713/H720
Other (specify: _____) H707OTH	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	H707/H714/H721

2. Which of the following best describes this operation's **brucellosis** vaccination practices for dairy heifers during 2010? *[Check one only.]*

H722

- ₁ Vaccinated prior to arrival at this operation
- ₂ Vaccinated while on this operation
- ₃ Not vaccinated but of appropriate age for vaccination while on this operation
- ₄ Not vaccinated and heifers too young to vaccinate while on this operation
- ₅ Not vaccinated and heifers too old to vaccinate while on this operation
- ₆ Other (specify: _____) H722OTH

[If heifers NOT vaccinated for brucellosis while on this operation, SKIP to Question 4.]

3. Was brucellosis vaccination equipment (tattoo pliers) cleaned or placed in disinfectant between calves? H723 ₁ Yes ₃ No
4. List the brand names of all vaccines administered during 2010 to heifers in each class in the table below. *[If no preweaned, weaned or pregnant heifers, please check appropriate box at top of column.]*

Preweaned Dairy Heifers	Weaned Dairy Heifers	Pregnant Dairy Heifers
<input type="checkbox"/> ₁ No preweaned heifers H724	<input type="checkbox"/> ₁ No weaned heifers H730	<input type="checkbox"/> ₁ No pregnant heifers H736
<input type="checkbox"/> ₁ No vaccines administered H725	<input type="checkbox"/> ₁ No vaccines administered H731	<input type="checkbox"/> ₁ No vaccines administered H737
H726	H732	H738
H727	H733	H739
H728	H734	H740
H729	H735	H741

5. When vaccinations were administered during 2010, how many heifers were usually vaccinated with each needle? *[Check one only.]* H742

- ₁ 1 (new needle for each heifer)
- ₂ 2 to 10 heifers per needle
- ₃ 11 to 20 heifers per needle
- ₄ 21 to 30 heifers per needle
- ₅ More than 30 heifers per needle

6. Who was primarily responsible for determining the vaccination protocol used by your operation on calves owned by others during 2010? *[Check one only.]* H743

- ₁ This operation's management
- ₂ Veterinarian for this operation
- ₃ Owner of heifers or their veterinarian
- ₄ This operation and heifers' owner design program together
- ₅ Other (specify: _____) H743OTH

Section H—Dairy Heifer Health and Treatment

1. During 2010, did this operation typically perform the following procedures to monitor dairy heifer health?

- a. Weigh dairy heifers to determine rate of gain H801 ₁ Yes ₃ No
- b. Record the temperature of sick dairy heifers H802 ₁ Yes ₃ No
- c. Record the individual treatments administered to sick dairy heifers..... H803 ₁ Yes ₃ No
- d. Keep written records of dairy heifer growth and/or health information H804 ₁ Yes ₃ No
- e. Keep computerized records of dairy heifer growth and/or health information H805 ₁ Yes ₃ No

2. During 2010, what percentage of the following classes of dairy heifers died?

- a. Preweaned heifers H806 _____ % ₉₉₉ Not housed
- b. Weaned heifers H807 _____ % ₉₉₉ Not housed
- c. Pregnant heifers H808 _____ % ₉₉₉ Not housed

3. Of the dairy heifers raised on this operation during 2010, how many heifers in each of the following classes were affected with the following diseases or disorders, were treated with **antibiotics**, died?

Disease/Disorder	Number		
	Affected	Treated with antibiotic	Died
Preweaned heifers	<input type="checkbox"/> No preweaned heifers H809		
Diarrhea, bloat, etc. (digestive)	H810	H824	H836
Pneumonia (respiratory)	H811	H825	H837
Navel infection	H812	H826	H838
Lameness/injury	H813	H827	H839
Weaned heifers	<input type="checkbox"/> No weaned heifers H814		
Diarrhea, bloat, etc. (digestive)	H815	H828	H840
Pneumonia (respiratory)	H816	H829	H841
Navel infection	H817	H830	H842
Lameness/injury	H818	H831	H843
Pregnant heifers	<input type="checkbox"/> No pregnant heifers H819		
Diarrhea, bloat, etc. (digestive)	H820	H832	H844
Pneumonia (respiratory)	H821	H833	H845
Lameness/injury	H822	H834	H846
Mastitis	H823	H835	H847

4. For the following diseases or disorders, which antibiotics [*select from list at end of questionnaire and enter the numerical response code or if the antibiotic is not listed, please write in the name and active ingredient*] were used to treat the majority of affected heifers during 2010 (list a maximum of three antibiotics per disease/disorder by frequency of use) for each heifer class?

Disease / Disorder	Preweaned Heifers			Weaned Heifers			Pregnant Heifers		
	<input type="checkbox"/> No preweaned heifers H848			<input type="checkbox"/> No weaned heifers H861			<input type="checkbox"/> No pregnant heifers H874		
Diarrhea, bloat, etc. (digestive)	H849	H853	H857	H862	H866	H870	H875	H879	H883
Pneumonia (respiratory)	H850	H854	H858	H863	H867	H871	H876	H880	H884
Navel infection	H851	H855	H859	H864	H868	H872			
Lameness/injury	H852	H856	H860	H865	H869	H873	H877	H881	H885
Mastitis							H878	H882	H886

5. Were the following used to select antibiotic therapies for treated dairy heifers during 2010?
- | | | | |
|---|------|---|--|
| a. Veterinary recommendation without laboratory workup | H887 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Veterinary recommendation based on previous laboratory results (e.g., culture and sensitivity) | H888 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Veterinary recommendation based on current laboratory results | H889 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Historical effectiveness | H890 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Price of antibiotic..... | H891 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
6. What percentage of dairy heifers that died in 2010 were necropsied to determine the cause of death? H892 _____ %
7. During 2010, what was the primary method used to dispose of dead dairy heifers? *[Check one only.]* H893
- ₁ Render
- ₂ Bury
- ₃ Compost
- ₄ Landfill
- ₅ Burn/incinerate
- ₆ Other (specify: _____) H893OTH

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State FIPS: 2-digits	Operation #: 3-digits	Interviewer: _____ Initials	Date: ____ / ____ / ____ (mm/dd/yy)
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1. Interview Response Codes

- ₁ Completed heifer-raiser questionnaire
- ₂ Ineligible for heifer-raiser study
- ₃ Refused heifer-raiser questionnaire
- ₄ Other _____

2. Total time for interview [include time to discuss the program and complete the questionnaire] _____ min

3. Total travel time [round trip] _____ min

4. Data collector(s): [Enter the number for each category.]
_____ Federal VMO _____ Federal AHT _____ State personnel _____ Other (specify)

Comments regarding this questionnaire or operation:

VMO or AHT Signature: _____

Response Code	Product Name	Active Ingredient
1	20% SQX Solution	Sulfaquinoxaline
2	Adspec®	Spectinomycin
3	Agri-Cillin™	Penicillin G Procaine
4	Agrimycin™ 100	Oxytetracycline hydrochloride
5	Agrimycin™ 200	Oxytetracycline hydrochloride
6	Albon® Bolus	Sulfadimethoxine
7	Albon® Concentrated Sol.12.5%	Sulfadimethoxine
8	Albon® Injection 40%	Sulfadimethoxine
9	Albon® SR Bolus	Sulfadimethoxine
10	Amoxi-Bol®	Amoxicillin
11	Amoxi-Inject®	Amoxicillin
12	Amoxi-Mast® Intramammary Infusion	Amoxicillin
13	AmTech Neomycin Oral Solution	Neomycin
14	AmTech Oxytetracycline HCL Solution Powder - 343	Oxytetracycline
15	Aquacillin™	Penicillin G Procaine
16	Aqua-Mast Intramammary Infusion	Penicillin G (procaine)
17	Aureomycin® Soluble Powder	Chlortetracycline hydrochloride
18	Aureomycin® Soluble Powder Concentrate	Chlortetracycline hydrochloride
19	Bactrim® tablets	Trimethoprim/sulfadiazine
20	Baytril® 100 injection	Enrofloxacin
21	Bio-Mycin® 200	Oxytetracycline
22	Bio-Mycin® C	Oxytetracycline hydrochloride
23	Biosol® Liquid	Neomycin sulfate
24	Cefa-Lak®/Today Intramammary Infusion	Cephapirin (sodium)
25	CLTC 100 MR	Chlortetracycline calcium
26	Combi-Pen™-48	Penicillin G (benzathine)
27	CORID 20% Soluble Powder	Amprolium
28	CORID 9.6% Oral Solution	Amprolium
29	Crysticillin 300 AS Vet.	Penicillin G Procaine
30	Dariclox® Intramammary Infusion	Cloxacillin (sodium)
31	Deccox-M	Decoquinat
32	Di-Methox & 12.5% Oral Solution	Sulfadimethoxine
33	Di-Methox Injection 40%	Sulfadimethoxine
34	Di-Methox Soluble Powder	Sulfadimethoxine
35	Draxxin™	Tulathromycin
36	Duo-Pen®	Penicillin G benzathin; procaine
37	Duramycin-100	Oxytetracycline hydrochloride
38	Duramycin-200	Oxytetracycline hydrochloride
39	Durapen™	Penicillin G benzathin; procaine
40	Excede™ Sterile Suspension	Ceftiofur crystalline free acid
41	Excenel® RTU	Ceftiofur hydrochloride
42	Gallimycin®-100 Injection	Erythromycin
43	Gallimycin®-36 Intramammary Infusion	Erythromycin
44	Hanford's/US Vet Masti-Clear Intramammary Infusion	Penicillin G (procaine)
45	Hanford's/US Vet/Han-Pen G/Ultrapen	Penicillin G Procaine
46	Hanford's/US Vet/Han-Pen-B/Ultrapen B	Penicillin G (benzathine)
47	Hetacin®K Intramammary Infusion	Hetacillin (potassium)
48	Linco-Spectin® Sterile Solution	Lincomycin / Spectinomycin

Response Code	Product Name	Active Ingredient
49	Liquamycin® LA-200®	Oxytetracycline
50	Liquid Sul-Q-Nox	Sulfaquinoxaline (sodium)
51	Maxim-200®	Oxytetracycline
52	Maxim™-100	Oxytetracycline hydrochloride
53	Micotil® 300 Injection	Tilmicosin phosphate
54	Microcillin	Penicillin G Procaine
55	Naxcel®	Ceftiofur sodium
56	Neomix Ag® 325 Soluble Powder	Neomycin sulfate
57	Neomix® 325 Soluble Powder	Neomycin sulfate
58	Neomycin 325 Soluble Powder	Neomycin sulfate
59	Neomycin Oral Solution	Neomycin sulfate
60	Neo-Sol 50	Neomycin sulfate
61	Nuflor® Injectable Solution	Florfenicol
62	Oxy 500 and 1000 Calf Bolus	Oxytetracycline hydrochloride
63	Oxybiotic™ 200	Oxytetracycline
64	Oxycure™ 100	Oxytetracycline hydrochloride
65	Oxy-Mycin™ 100	Oxytetracycline hydrochloride
66	Oxy-Mycin™ 200	Oxytetracycline hydrochloride
67	Oxytetracycline HCL Soluble Powder	Oxytetracycline hydrochloride
68	Oxytetracycline HCL Soluble Powder 343	Oxytetracycline hydrochloride
69	Panmycin® 500 Bolus	Tetracycline hydrochloride
70	Pen-G Max™	Penicillin G (procaine)
71	Penicillin G Procaine	Penicillin G Procaine
72	Pennchlor™ 64 Soluble Powder	Chlortetracycline hydrochloride
73	Pennox™ 200 Injectable	Oxytetracycline
74	Pennox™ 343 Soluble Powder	Oxytetracycline hydrochloride
75	PFI-Pen G®	Penicillin G Procaine
76	Pirsue® Intramammary Infusion	Pirlimycin
77	Polyflex®	Ampicillin
78	Polyotic® Soluble Powder	Tetracycline hydrochloride
79	Princillin Bolus	Ampicillin trihydrate
80	Promycin™ 100	Oxytetracycline hydrochloride
81	Pro-Pen-G™ Injection	Penicillin G Procaine
82	SDM Injection	Sulfadimethoxine
83	SDM Injection 40%	Sulfadimethoxine
84	SDM Solution	Sulfadimethoxine
85	Solu/Tet Soluble Powder	Tetracycline hydrochloride
86	Spectramast™ LC Intramammary Infusion	Ceftiofur
87	Strep Sol 25%	Streptomycin sulfate
88	Streptomycin Oral Solution	Streptomycin
89	Sulfadimethoxine Inj. 40%	Sulfadimethoxine
90	Sulfadimethoxine Soluble Powder	Sulfadimethoxine
91	Sulfadimethoxine 12.5% Oral Solution	Sulfadimethoxine
92	Sulfa-Nox Concentrate	Sulfaquinoxaline
96	Sulfa-Nox Liquid	Sulfaquinoxaline (sodium)
94	Sulfaquinoxaline Sodium Solution 20%	Sulfaquinoxaline (sodium)
95	SulfaSure™ SR Cattle/Calf Bolus	Sulfamethazine
96	Sulmet® Drinking Water Solution 12.5%	Sulfamethazine (sodium)
97	Sulmet® Oblets®	Sulfamethazine

Response Code	Product Name	Active Ingredient
98	Sulmet® Soluble Powder	Sulfamethazine (sodium)
99	Sustain III® Cattle Bolus	Sulfamethazine
100	Terramycin® 343 Soluble Powder	Oxytetracycline hydrochloride
101	Terramycin® Scours Tablets	Oxytetracycline hydrochloride
102	Terramycin® Soluble Powder	Oxytetracycline hydrochloride
103	Terra-Vet 100	Oxytetracycline hydrochloride
104	Tet-324	Tetracycline hydrochloride
105	Tetra-Bac 324	Tetracycline hydrochloride
106	Tetracycline HCL Soluble Powder-324	Tetracycline hydrochloride
107	Tetradure™ 300	Oxytetracycline
108	Tribriassin® tablets	Trimethoprim/Sulfamethoxazole

Question B.1 (continued)

Source of heifers	Average number of dairy heifers per shipment in 2010	Number of shipments that arrived in 2010	Distance transported to your facility (miles)			Did any shipments cross State lines (Yes/No)?*
			Average	Min	Max	
Dairy of origin 6	H201f	H206f	H211f	H216f	H221f	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226f
Dairy of origin 7	H201g	H206g	H211g	H216g	H221g	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226g
Dairy of origin 8	H201h	H206h	H211h	H216h	H221h	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226h
Dairy of origin 9	H201i	H206i	H211i	H216i	H221i	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226i
Dairy of origin 10	H201j	H206j	H211j	H216j	H221j	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H226j

Question B.5 (continued)

Destination	Average number of dairy heifers per shipment in 2010	Number of shipments that left this operation in 2010	Distance transported from your operation (miles)			Did any shipments cross State lines (Yes/No)?*
			Average	Min	Max	
Dairy of origin 6	H232f	H237f	H242f	H247f	H252f	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257f
Dairy of origin 7	H232g	H237g	H242g	H247g	H252g	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257g
Dairy of origin 8	H232h	H237h	H242h	H247h	H252h	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257h
Dairy of origin 9	H232i	H237i	H242i	H247i	H252i	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257i
Dairy of origin 10	H232j	H237j	H242j	H247j	H252j	<input type="checkbox"/> ₁ Y <input type="checkbox"/> ₃ N H257j

To thank you for participating in this study, the National Animal Health Monitoring System (NAHMS) is offering you a **personalized and confidential report comparing results from your operation with results from other operations of similar size, in your region, and for all operations**. If you are interested in this personalized report, please check the box(es) below and complete the contact information section.

Your contact and questionnaire information will be kept confidential
(see confidentiality statement at bottom of page).

- Check if you would like to receive the personalized report from the NAHMS Dairy Heifer-Raiser 2011 study.

- Check if you would like to receive the complete report from the NAHMS Dairy Heifer-Raiser 2011 study.

Contact information for Personalized and/or Complete Report:

Name: _____

Address: _____

City: _____

State:

Zip code: _____

Email address: _____

Farm ID#:

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