



Animal and
Plant Health
Inspection
Service

Veterinary
Services

2011 GENERAL FEEDLOT MANAGEMENT QUESTIONNAIRE

National Animal Health
Monitoring System

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

Form Approved
O.M.B. Number 0579-0079
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NAHMS- 261
Project Code 955

Please make corrections to name, address and zip code, if necessary.

BEGINNING TIME [Military]:

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

You may find it easier to answer some of the questions if you have records available. Response is voluntary and not required by law. However, your report is needed to make regional and national estimates as accurate as possible.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number is 0579-0079. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Section 1—Total Cattle Inventory and Placements

1. During the period July 1, 2010 through June 30, 2011 were there any cattle or calves on feed for slaughter, regardless of ownership on this operation? 0376 ₁Yes ₃No

[If Item 1 = No, skip to Section 13]

- | | | Head |
|---|---|------|
| 2. On July 1, 2010 how many cattle and calves were on feed for the slaughter market? | + | 0002 |
| 3. During the period of July 1, 2010, through June 30, 2011, how many cattle and calves were: | | |
| a. Placed on feed for slaughter in your feedlot(s)? | + | 0003 |
| b. Marketed for slaughter (shipped out of your feedlots)? | - | 0004 |
| c. Other disappearance. | - | 0005 |
| 4. On July 1, 2011 how many cattle and calves were on feed for the slaughter market? | - | 0006 |
| 5. [Add Items 2 + 3a - 3b - 3c - 4]:(If not = 0, review with respondent). | = | |
| 6. Of the [Item 3c] cattle and calves recorded as other disappearance , what percentage or how many: | | |

	Percent	OR	Head
a. Died?	0008		0014
b. Were returned to grazing?	0009		0015
c. Were shipped to another feedlot?	0010		0017
d. Were sent to market prior to reaching expected slaughter weight?	0011		0019
e. Were stolen?	0012		0020
f. Were lost for other reasons?	0013		0021
g. Total [should equal 100% or Item 3c].	100%		0022

7. Of the cattle and calves placed on feed during the period July 1, 2010, through June 30, 2011 [Item 3a], how many were of Mexican origin? Head 0023

[If Item 7 = 0, SKIP to Item 9.]

8. Of the cattle and calves of Mexican origin, what percentage were:
- | | | |
|------------------------------------|---------|-------------|
| a. Beef cattle and calves. | Percent | 0024 |
| b. Dairy cattle and calves. | Percent | 0025 |
| c. Total [should equal 100%]. | Percent | 100% |

9. During the period July 1, 2010, through June 30, 2011, were any cattle and calves placed in your feedlot(s) for purposes other than the slaughter market? 0026 ₁Yes ₃No

[If Item 9 = NO, SKIP to Section 2.]

If YES, how many were:

- | | Head |
|---|------|
| a. Beef animals to be used for breeding stock? | 0027 |
| b. Dairy animals to be used for breeding stock? | 0028 |
| c. Other cattle and calves? | 0029 |
| d. Total. | 0030 |

Section 2—Slaughter Cattle Inventory and Placements

1. Of the [Section 1, Item 3a] cattle and calves placed on feed July 1, 2010, through June 30, 2011, what percentage or how many were:

	Percent	OR	Head
a. Beef breeds or cross breeds?	0032		0034
b. Dairy breeds?	0033		0035
c. Total [should equal 100% or Section 1, Item 3a].	100%		0036

2. Of the [Item 1c] beef breeds or cross breeds and dairy breeds placed on feed, what percentage were in each of the following categories:

	Beef or cross breeds		Dairy breeds
a. Steers less than 700 pounds?	0037	Percent	0043
b. Steers 700 pounds or more?	0038	Percent	0044
c. Heifers less than 700 pounds?	0039	Percent	0045
d. Heifers 700 pounds or more?	0040	Percent	0046
e. Cows (calved one or more times)?	0041	Percent	0047
f. Bulls?	0042	Percent	0048
g. Total [should equal 100%].	100%	Percent	100%

3. In terms of the origin of the [Section 1, Item 3a] cattle and calves placed on feed July 1, 2010, through June 30, 2011, what percentage or how many were:

	Percent	OR	Head
a. Provided for custom feeding by someone else, or by joint ownership with this feedlot?	0049		0054
b. Purchased by this feedlot via auction?	0050		0055
c. Purchased by this feedlot via direct sale (cash or video, private treaty)?	0051		0056
d. Born on this feedlot or another operation operated solely by this feedlot?	0052		0057
e. Obtained from other sources? (specify: _____).	0053		0058
f. Total [should equal 100% or Section 1, Item 3a].	100%		0059

Section 2—Slaughter Cattle Inventory and Placements

4. How many shipments of cattle arrived at this feedlot from July 1, 2010, through June 30, 2011, from the following sources? *[A shipment = one group of animals moved all at once, no matter how many vehicles were required to move them.]*

<u>Source</u>	Number of shipments arriving	Average number of miles per shipment from source	Percent	Percent of shipments that crossed State lines
a. Auction.	0060	0065	Percent	0070
b. Another beef operation (e.g., cow-calf or stocker operation).	0061	0066	Percent	0071
c. Another feedlot.	0062	0067	Percent	0072
d. Other source.	0063	0068	Percent	0073
e. Total.	0064			

5. How many shipments of cattle left this feedlot from July 1, 2010, through June 30, 2011, to the following destinations? *[A shipment = one group of animals moved all at once, no matter how many vehicles were required to move them.]*

<u>Destination</u>	Number of shipments departing	Average number of miles per shipment to destination	Percent	Percent of shipments that crossed State lines
a. Direct to slaughter.	0074	0079	Percent	0084
b. Sales/auction.	0075	0080	Percent	0085
c. Another feedlot.	0076	0081	Percent	0086
d. Direct to another beef operation (e.g., cow-calf or stocker operation).	0077	0082	Percent	0087
e. Total.	0078			

Section 3—Pre-arrival Processing

1. Of the [Section 2, Items 2a and 2c] steers and heifers that were **less than 700 pounds** when placed on feed, were the following pre-arrival management practices used in reducing sickness and death in your feedlots(s)? [Check All, Some, None, or DK=Don't know.]

If YES, how effective was the practice (extremely effective, very effective, somewhat effective, or not effective)?
[Enter appropriate code.]

[If NO steers or heifers less than 700 pounds placed on feed, SKIP to Item 2.]

Effectiveness Code	
1. Extremely effective	3. Somewhat effective
2. Very effective	4. Not effective

- | a. Introduction to feed bunk. | 0088 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK | | | | 0094 | Code |
|---|------|-------------------------------|--------------------------------|--------------------------------|------------------------------|--|--|--|------|------|
| b. Respiratory vaccinations given to calves at least 2 weeks prior to weaning. | 0089 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK | | | | 0095 | Code |
| c. Respiratory vaccinations given to calves at weaning. | 0090 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK | | | | 0096 | Code |
| d. Calves weaned at least 4 weeks prior to shipping. | 0091 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK | | | | 0097 | Code |
| e. Calves castrated and dehorned at least 4 weeks prior to shipping. | 0092 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK | | | | 0900 | Code |
| f. Calves treated for external or internal parasites prior to shipping. | 0093 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK | | | | 0099 | Code |

2. For the **last group** or shipment of cattle that arrived on this feedlot, were the cattle:

- | | | | |
|--|------|-------------------------------|------------------------------|
| a. Beef animals less than 700 pounds? | 0377 | <input type="checkbox"/> 1Yes | <input type="checkbox"/> 3No |
| b. Dairy animals less than 700 pounds? | 0101 | <input type="checkbox"/> 1Yes | <input type="checkbox"/> 3No |
| c. Beef animals 700 pounds or more? | 0102 | <input type="checkbox"/> 1Yes | <input type="checkbox"/> 3No |
| d. Dairy animals 700 pounds or more? | 0104 | <input type="checkbox"/> 1Yes | <input type="checkbox"/> 3No |

3. Which of the following **pre-arrival** processing procedures were performed **on the last group** or shipment of cattle that arrived on this feedlot? [DK = Don't know]

- | | | | | | |
|--|------|-------------------------------|--------------------------------|--------------------------------|--|
| a. Vaccinated against any respiratory disease. | 0105 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK |
| b. Vaccinated against clostridial diseases. | 0106 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK |
| c. Given a dewormer (e.g., Ivomec®). | 0107 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK |
| d. Given mineral supplementation. | 0108 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK |
| e. Introduced to feed bunk. | 0109 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK |
| f. Implanted. | 0110 | <input type="checkbox"/> 1All | <input type="checkbox"/> 2Some | <input type="checkbox"/> 3None | <input type="checkbox"/> 4DK |
| g. Checked for pregnancy. | 0111 | <input type="checkbox"/> 1Yes | <input type="checkbox"/> 3No | <input type="checkbox"/> 4DK | <input type="checkbox"/> 5Does not apply |
| h. Heifers were spayed. | 0112 | <input type="checkbox"/> 1Yes | <input type="checkbox"/> 3No | <input type="checkbox"/> 4DK | <input type="checkbox"/> 5Does not apply |
| i. Bulls were castrated. | 0113 | <input type="checkbox"/> 1Yes | <input type="checkbox"/> 3No | <input type="checkbox"/> 4DK | <input type="checkbox"/> 5Does not apply |

4. In general, how often is pre-arrival processing information **available** for the cattle that you place on feed? [This may include vaccinations, implants, deworming history, and mineral supplementation].
- | | | | | |
|--|------|----------------------------------|--------------------------------------|----------------------------------|
| | 0114 | <input type="checkbox"/> 1Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |
|--|------|----------------------------------|--------------------------------------|----------------------------------|

5. How important to this operation is information on pre-arrival processing (e.g., vaccinations, implants, deworming history, or mineral supplementation)?
- | | | | | | |
|--|------|---------------------------------|-------------------------------------|--------------------------------|------------------------------|
| | 0115 | <input type="checkbox"/> 1 Very | <input type="checkbox"/> 2 Somewhat | <input type="checkbox"/> 3 Not | <input type="checkbox"/> 4DK |
|--|------|---------------------------------|-------------------------------------|--------------------------------|------------------------------|

[If Item 5 = Don't know, SKIP to Section 4.]

6. How often do you base your management or processing procedures on the pre-arrival processing information you have received?
- | | | | | |
|--|------|----------------------------------|--------------------------------------|----------------------------------|
| | 0116 | <input type="checkbox"/> 1Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |
|--|------|----------------------------------|--------------------------------------|----------------------------------|

Section 4—Arrival Processing

This section asks about how this feedlot processes arriving animals. This might include such procedures as vaccinations, dehorning, implanting, and parasite control. Do not include pre-arrival processing procedures.

1. Of the [Section 1, Item 3a] cattle and calves placed on feed, what percentage were initially processed as a group during each of the following time periods? [Exclude animals processed separately for treatment of illness.]			
a. 24 hours or less after arrival.	Percent		0117
b. 25 to 72 hours after arrival.	Percent		0118
c. 72 hours or more after arrival.	Percent		0119
d. Not processed.	Percent		0120
e. Total [should equal 100%].	Percent		100%

If Item 1d = 100%, SKIP to Item 3.]

2. Of the [Items 1a-c] cattle and calves initially processed as a group, what percentage were given the following procedures at initial processing and second processing?

		Initial processing		Second processing
a. Vaccinated against respiratory diseases?	Percent	0121	Percent	0126
b. Vaccinated against clostridial diseases?	Percent	0122	Percent	0007
c. Given an injectable antibiotic?	Percent	0123	Percent	0127
d. Implanted?	Percent	0124	Percent	0128
e. Treated for parasites?	Percent	0125	Percent	0129

3. Of the [Section 2, Item 2f] bulls placed on feed, what percentage were castrated by this feedlot using the following methods:

[If NO bulls, SKIP to Item 4]

a. Banded and vaccinated against tetanus?	Percent	0135
b. Banded and not vaccinated against tetanus?	Percent	0136
c. Testes surgically removed and vaccinated against tetanus?	Percent	0137
d. Testes surgically removed and not vaccinated against tetanus?	Percent	0138
e. Other castration method? (specify: _____).	Percent	0139
f. Bulls not castrated by this feedlot?	Percent	0140
g. Total [should equal 100%].	Percent	100%

Section 4—Arrival Processing

4. Of the [Section 2, Item 2c-d] heifers placed on feed, what is your estimate of the percentage that were pregnant at arrival? 0141 %

[If Item 4 = 0, SKIP to Item 5]

a. Of these pregnant heifers placed on feed, what percentage were treated to abort their pregnancies? 0142 %

5. Of the [Section 1, Item 3a] cattle and calves placed on feed, what percentage had horns at arrival? 0143 %

[If Item 5 = 0, SKIP to Item 6]

a. Of these cattle with horns, what percentage were tipped by this feedlot? 0144 %

b. Of these cattle with horns, what percentage were dehorned by this feedlot? 0145 %

6. Of the [Section 1, Item 3a] cattle and calves placed on feed, what percentage arrived at this feedlot with an individual animal ID? 0146 %

[If Item 6 = 0, SKIP to Item 7]

a. Of the cattle and calves that arrived with an individual ID, what percentage of these IDs were removed? 0147 %

b. Of the cattle and calves that arrived with an individual ID, what percentage received a new individual animal ID [excluding tagging of sick animals]? 0148 %

7. Of the [Section 1, Item 3a] cattle and calves placed on feed, what percentage were:

a. Tagged by this feedlot with a number such that each animal was individually identifiable [excluding tagging of sick animals]? 0149 %

b. Identified by this feedlot with a group or owner identifier [pen, tag, brand, lot tag, ear notch, etc.]? 0150 %

c. Not identified [either individually or as a group]? 0151 %

8. Were any of the [Section 1, Item 3a] cattle and calves placed on feed hide-branded by this feedlot **after arrival**? [Exclude those hide-branded by other operations prior to arrival]? . . . 0152 ₁Yes ₃No

9. During the year ending June 30, 2011, did you modify your antibiotic (for metaphylaxis or mass treatment of animals) or vaccination procedures for processing new arrivals based on any of the following factors? **[Enumerator note: For example, "Did you modify your vaccination procedure based on arrival weight?"]**

Did you modify based on:	Antibiotic	Vaccination
a. Arrival weight.	0153 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply	0159 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply
b. Distance transported or percent shrinkage.	0154 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply	0160 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply
c. Source of cattle.	0155 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply	0161 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply
d. Preconditioning.	0156 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply	0162 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply
e. Dairy cattle breed (compared to beef breeds).	0157 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply	0163 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply
f. History of previous antibiotic treatment.	0158 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply	0164 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Does not apply

Section 5 —Nutrition

1. Of the [Section 1, Item 3a] cattle and calves placed on feed during the period July 1, 2010, through June 30, 2011, what percentage were:

a. Given an ionophore, such as Rumensin® or Cattlyst®, by this feedlot?	Percent	0165
b. Given a coccidiostat other than an ionophore, such as Corid® or Deccox®, by this feedlot?	Percent	0166
c. Provided with water that was treated with chlorine?	Percent	0167
d. Switched from a high grain ration to a primarily hay ration at finish?	Percent	0168
e. Fed distiller grains as part of the ration?	Percent	0169
f. Fasted prior to transportation to slaughter?	Percent	0170
g. Fed seaweed extract (e.g., Tasco-14®) prior to slaughter?	Percent	0171
h. Fed a beta-agonist, OptaFlexx® or ractopamine?	Percent	0172
i. Fed a beta-agonist Zilmax®?	Percent	0173
j. Fed probiotics in feed (e.g., Lactobacillus acidophilus, Bovamine®)?	Percent	0174

2. For the [Section 1, Item 3a] cattle and calves placed on feed during the period July 1, 2010 through June 30, 2011, what was the average percentage of concentrates (dry matter basis) in the rations that were fed:

a. Upon arrival?	Percent	0175
b. In the finishing rations?	Percent	0176

3. Of the [Section 2, Item 2c - 2d] heifers placed on feed during the period July 1, 2010 through June 30, 2011, what percentage were fed melengestrol acetate, a heat suppressant for females (e.g. MGA® or Heifermax®)?

Percent	0177
---------	------

4. During the period July 1, 2010 through June 30, 2011, did your feedlot use the services of a nutritionist?

0178 1Yes 3No

[If Item 4 = NO, SKIP to Item 6]

5. During the period July 1, 2010 through June 30, 2011, did your feedlot use a:

a. Full-time nutritionist on staff?	0179	<input type="checkbox"/> 1Yes	<input type="checkbox"/> 3No
b. Feed company nutritionist?	0180	<input type="checkbox"/> 1Yes	<input type="checkbox"/> 3No
c. Other nutritionist who made regular or routine visits?	0181	<input type="checkbox"/> 1Yes	<input type="checkbox"/> 3No
d. Other nutritionist you called as need?	0182	<input type="checkbox"/> 1Yes	<input type="checkbox"/> 3No

Section 5 —Nutrition

6. Which of the following water sources were used for this operation's cattle on feed?

- a. Ground water (well) 0183 ₁Yes ₃No
- b. Surface water (ponds, lakes, streams). 0184 ₁Yes ₃No
- c. Municipal water supply. 0185 ₁Yes ₃No

7. What is the primary method of storage on this operation for:

		Bags	Sealed containers (silo, tanks, bins, drums)	Uncovered piles, bunks, pits	Covered piles, bunks, pits or sheds	Does not apply
a. Mineral supplements (stored prior to micromachine)?	0186	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Protein supplements?	0187	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Fat supplements?	0188	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Feed additives (e.g., ionophores, etc.)?	0189	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Corn?	0190	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Co-products from ethanol production?	0191	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Hay?	0192	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Silage?	0193	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 6 —Health Procedures and Veterinary Services

1. For the [Section 1, Item 3a] cattle and calves placed on feed during the year ending June 30, 2011, how frequently did you conduct pen-riding or walking procedures for:

		Frequency				
		More than twice a day	Twice a day	Once a day	Less than once a day	No standard procedure
a. New arrivals (at feedlot less than 15 days)	0194	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Animals at feedlot 15 to 30 days.	0195	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Animals at feedlot 30 days or more.	0196	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. During the year ending June 30, 2011, were feedlot employees provided with training and/or written guidelines on what drugs or medications to use in treating diseases?

- a. Training. 0197 1 Yes 3 No 4 No employees
- b. Written guidelines 0198 1 Yes 3 No 4 No employees

3. During the year ending June 30, 2011, how frequently was the following information recorded for sick animals?

- | | | Frequency | | | |
|--|------|----------------------------------|--------------------------------------|---|-----------------------------------|
| a. Body temperature. | 0199 | <input type="checkbox"/> 1 Never | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Most of the time | <input type="checkbox"/> 4 Always |
| b. Date treated. | 0200 | <input type="checkbox"/> 1 Never | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Most of the time | <input type="checkbox"/> 4 Always |
| c. Weight at time of treatment. | 0201 | <input type="checkbox"/> 1 Never | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Most of the time | <input type="checkbox"/> 4 Always |
| d. Treatment given. | 0202 | <input type="checkbox"/> 1 Never | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Most of the time | <input type="checkbox"/> 4 Always |
| e. Treatment withdrawal period. | 0203 | <input type="checkbox"/> 1 Never | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Most of the time | <input type="checkbox"/> 4 Always |
| f. Disease condition (shipping fever, lameness, pneumonia, etc.) | 0204 | <input type="checkbox"/> 1 Never | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Most of the time | <input type="checkbox"/> 4 Always |
| g. Outcome of treatment (returned to pen, died, culled, etc.) | 0205 | <input type="checkbox"/> 1 Never | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Most of the time | <input type="checkbox"/> 4 Always |

Section 6 —Health Procedures and Veterinary Services

4. During the year ending June 30, 2011, did your feedlot use the services of a veterinarian? . . . 0206 ₁Yes ₃No

[If Item 4 = NO, SKIP to Item 5]

Did you use a:

- a. Full-time veterinarian on staff? 0207 ₁Yes ₃No
- b. Private veterinarian who made regular or routine visits? 0208 ₁Yes ₃No
- c. Private veterinarian you called as needed? 0209 ₁Yes ₃No

5. Of the [Section 1, Item 3a] cattle and calves placed on feed, what percentage were given an antibiotic **in feed** as a health or production management tool? Percent

[If Item 5 = 0, SKIP to Item 6]

a. What was the average number of days that antibiotics were included in the feed? Days

6. Of the [Section 1, Item 3a] cattle and calves placed on feed, what percentage were given an antibiotic **in water** as a health or production management tool? Percent

[If Item 6 = 0, SKIP to Item 7]

a. During the feeding period, what was the average number of days that antibiotics were included in the water? Days

7. Of all cattle and calves [Section 1, Item 6a] that died during the year ending June 30, 2011, what percentage had a postmortem examination? Percent

8. Of the [Section 1, Item 6a] cattle that died during the year ending June 30, 2011, what percentage were disposed of by the following methods?

- | | | |
|---------------------------------------|---------|-------------|
| a. Renderer | Percent | 0216 |
| b. Buried on this feedlot. | Percent | 0217 |
| c. Landfill. | Percent | 0218 |
| d. Other (specify: _____). | Percent | 0219 |
| e. Total [should equal 100%]. | Percent | 100% |

Section 7 —Quality Assurance

1. How familiar are you with the Beef Quality Assurance (BQA) program of **either** your State **or** the National Cattlemen's Beef Association (NCBA)?
- 0220 1 Very familiar
 2 Somewhat familiar
 3 Heard of name only
 4 Not familiar

[If Item 1 = 4 Not familiar, SKIP to Item 3.]

2. During the previous 5 years, have you or someone representing this feedlot attended a national, State, or local BQA meeting or training session? 0221 1Yes 3No
3. During the period July 1, 2010, through June 30, 2011, were any cattle tested for antibiotic residues prior to shipment for slaughter? 0222 1Yes 3No

4. How important is each of the following beef quality assurance (BQA) practices to you?
- | | | Not Important | Somewhat Important | Very Important | Don't know |
|---|------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. The location used for administration of injectable products (e.g., in neck, shoulder, side, or leg). | 0223 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. The route used for administration of injectable products (intramuscular, intravenous, subcutaneous). | 0224 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. Implanting strategy | 0225 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. Antibiotic selection to manage disease (e.g., type of FDA approved antibiotic used or duration of action). | 0226 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. Residue avoidance. | 0227 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

5. Does this feedlot currently have a formal training program for its employees on:
- a. Quality assurance? 0228 1Yes 3No 4No employees
- b. Residue avoidance? 0229 1Yes 3No 4No employees
- c. Animal handling procedures? 0230 1Yes 3No 4No employees
- d. Employee safety? 0231 1Yes 3No 4No employees

6. Does this feedlot currently have a formal training program that **includes written guidelines** for its employees on:
- a. Quality assurance? 0232 1Yes 3No 4No employees
- b. Residue avoidance? 0233 1Yes 3No 4No employees
- c. Animal handling procedures? 0234 1Yes 3No 4No employees
- d. Employee safety? 0235 1Yes 3No 4No employees

Section 8 —Biosecurity

1. During the period July 1, 2010, through June 30, 2011, did this operation feed any Dairy Breeding, Beef Breeding, or cattle returned to grazing (Stocker Cattle)?
- **Enumerator Note: Please reference Section 1, Item 9a for beef breeding, Section 1, Item 9b for dairy breeding stock and Section 1, Item 6b for cattle returned to grazing (stocker cattle). If the operation does not have any of the cattle types, check 'No' below, skip to Item 5.**

0237 ₁ Any **Yes** above – Complete this Section ₃ All **No** above – Go to Item 5

	Dairy Breeding Cattle	Beef Breeding Cattle	Returned to grazing (Stocker Cattle)
2. Were any of the above cattle housed in:			
a. Segregated area with no direct contact with cattle on feed for slaughter?	0239 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0246 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0253 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Pens adjacent to cattle on feed for slaughter (nose-to-nose contact)?	0240 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0247 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0254 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Pens with cattle on feed for slaughter (commingled)?	0241 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0248 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0255 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Hospital pens with cattle on feed for slaughter for any length of time?	0242 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0249 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0256 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
3. Where vaccination protocols modified or implemented?	0243 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0250 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
4. Was testing for disease (e.g. BVD testing) done?	0244 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	0251 <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	

5. During the period July 1, 2010, through June 30, 2011, did this operation feed any Mexican-origin cattle? 0257 ₁Yes ₃No

[If Item 5 = NO, SKIP to Item 7.]

6. During the period July 1, 2010, through June 30, 2011, were any breeding stock or cattle returned to grazing housed in:
- a. Segregated area with no direct contact with Mexican-origin cattle on feed for slaughter? . . . 0258 ₁Yes ₃No
 - b. Pens adjacent to Mexican-origin cattle on feed for slaughter (nose-to-nose contact)? . . . 0259 ₁Yes ₃No
 - c. Pens with Mexican-origin cattle on feed for slaughter (commingled)? 0260 ₁Yes ₃No
 - d. Hospital pens with Mexican-origin cattle on feed for slaughter for any length of time? . . . 0261 ₁Yes ₃No
7. During the period July 1, 2010, through June 30, 2011, when bunks were cleaned, was the leftover feed fed to breeding stock or cattle returned to grazing? 0262 ₁Yes ₃No

Section 8 —Biosecurity

8. In addition to feedlot cattle, which of the following types of animals were on this operation during the period July 1, 2010, through June 30, 2011?

On this operation

- a. Dogs. 0267 ₁Yes ₃No
- b. Cats. 0268 ₁Yes ₃No
- c. Horses, donkeys, mules, etc. 0269 ₁Yes ₃No
- d. Sheep. 0270 ₁Yes ₃No
- e. Goats 0271 ₁Yes ₃No
- f. Feral pigs. 0272 ₁Yes ₃No
- g. Domestic pigs. 0273 ₁Yes ₃No
- h. Chickens or other poultry. 0274 ₁Yes ₃No
- i. Captive deer or elk. 0276 ₁Yes ₃No
- j. Llamas, alpacas. 0277 ₁Yes ₃No
- k. Bison. 0278 ₁Yes ₃No

9. During the period July 1, 2010, through June 30, 2011, how frequently were the following wild animals and/or signs of wild animals (scat, tracks, etc.) observed on this operation?

- a. Wild ruminants (e.g., deer and elk). 0279 ₁Never ₂Less than monthly ₃Monthly
- b. Coyotes, foxes, and stray dogs. 0280 ₁Never ₂Less than monthly ₃Monthly
- c. Feral swine. 0281 ₁Never ₂Less than monthly ₃Monthly
- d. Small animals (e.g., raccoons, squirrels, skunks, and rabbits). 0282 ₁Never ₂Less than monthly ₃Monthly

[If Item 9a = NEVER, SKIP to Item 11.]

10. How frequently were deer observed in the feed storage, bunks, or lots? 0283 ₁Never ₂Less than monthly ₃Monthly

Section 8 —Biosecurity

11. Which of the following made visits to your operation that involved contact with cattle on feed during the period July 1, 2010, through June 30, 2011? If visits were made, how frequently?

Units				
1 = Daily	2 = Weekly	3 = Monthly	4 = Semi-annually	5 = Annually

		Visited this operation		If YES, how frequently	Unit
a. Veterinarian.	0284	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0322	0382
b. Nutritionist.	0285	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0323	0383
c. University/extension personnel.	0286	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0324	0384
d. Livestock hauler.	0287	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0325	0385
e. Renderer.	0288	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0326	0386
f. 4-H group/FFA.	0289	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0327	0387
g. Contract vaccine/processing crews.	0290	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0328	0388
h. Contract pen riders or animal checkers.	0291	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0329	0389
i. Government officials.	0292	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0330	0390
j. Other (specify: _____).	0293	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	0331	391

12. Did you generally use the following practices during the period July 1, 2010, through June 30, 2011?

- a. Control access for visitors entering animal areas. 0294 1 Yes 3 No 4 No visitors
- b. Restrictions on vehicles entering animal area. 0295 1 Yes 3 No 4 No visitors
- c. Disposable or clean boots for visitors entering animal areas. 0296 1 Yes 3 No 4 No visitors
- d. Footbaths for visitors entering animal areas. 0297 1 Yes 3 No 4 No visitors
- e. Restrict movement of horses onto the feedlot premises. 0298 1 Yes 3 No 4 No horses
- f. Insect control (e.g., sprays, foggers, treated ear tags, products administered to animal [topical/oral], etc). 0299 1 Yes 3 No
- g. Rodent control (e.g., cats, traps, chemical/bait,etc.). 0300 1 Yes 3 No

13. During the period July 1, 2010, through June 30, 2011, did this operation use any of the following control strategies for birds?

- a. Chemical repellents. 0301 1 Yes 3 No
- b. Shooting. 0302 1 Yes 3 No
- c. Trapping/capture devices. 0303 1 Yes 3 No
- d. Visual or noise deterrents. 0304 1 Yes 3 No

14. During the period July 1, 2010, through June 30, 2011, how often did this operation use the same equipment to handle both manure and cattle feed? 0305 1 Routinely 2 Rarely 3 Never

[If Item 14 = NEVER, SKIP to Item 16.]

Section 8 —Biosecurity

15. Which best describes cleaning procedures usually done with equipment after handling manure and prior to handling feed?

- 0306 1 Wash equipment with water or steam only
 2 Chemically disinfect only
 3 Wash equipment and chemically disinfect
 4 Other (specify: _____)
 5 No procedures done

16. How close is your feedlot to another operation with livestock?

- 0307 1 Shared fence line
 2 Within 0.25 mile
 3 0.25 to less than 1 mile
 4 1 mile to less than 5 miles
 5 5 miles or more

17. How many acres does the feedlot occupy? [Include feed mill, storage facilities directly related to the feedlot, and pens. Do not include crop land, pasture, etc.] acres

18. If an outbreak of foot-and-mouth disease (or other foreign animal disease) occurred in the United States, how likely would you be to use the following sources **to get information** about the disease?

		Very likely	Somewhat likely	Not likely
a. Other beef producers.	0309	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Private veterinarian.	0310	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. University/extension personnel.	0311	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Beef organization or cooperative.	0312	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Magazines.	0313	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Internet.	0314	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. State Veterinarian's office.	0315	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. U.S. Department of Agriculture.	0316	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Television/newspapers.	0317	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

19. If you had an animal you suspected of having foot-and-mouth disease (or other foreign animal disease) on your operation, would you contact the following resources?

- a. Private veterinarian 0318 1 Yes 3 No
- b. University/extension personnel 0319 1 Yes 3 No
- c. State Veterinarian's office 0320 1 Yes 3 No
- d. U.S. Department of Agriculture 0321 1 Yes 3 No

Section 9 —Emergency Management

1. Do you have a written emergency procedure plan for your facility? 0332 ₁Yes ₃No

2. Do you have a written contingency plan for feeding and watering livestock should your facility be impacted by a utility (electricity, natural gas, domestic water supply, etc.) outage? 0333 ₁Yes ₃No

3. During the previous 3 years, has someone from your operation attended an educational meeting regarding food security, terrorism threats, or the recognition of potential terrorist activities and actions? 0334 ₁Yes ₃No

4. Do you encourage employees or others to report what they would consider unusual circumstances or activities? 0335 ₁Yes ₃No

5. Do you have signage posted directing all visitors to the office facility prior to entry into the feedlot? 0337 ₁Yes ₃No

6. On average over the year, how many days of feed would you have available on premises to provide basic nutrition should you not be able to bring in additional supplies? Days

7. For how long (in days) does your facility have backup power generation capability (fuel on hand) sufficient to maintain critical operations such as water and feed delivery? Days

8. Have you developed an active working relationship with local county or regional emergency management officials? 0340 ₁Yes ₃No

9. Using only your own staff, how many **animals per hour** could you process for vaccination should you need to vaccinate all animals in the facility? head/hour

Section 10—Environment

1. Does this feedlot currently have a formal training program that **includes written guidelines** for its employees regarding environmental issues, such as:
 - a. Manure management? 0342 ₁Yes ₃No ₄No employees
 - b. Dust control? 0343 ₁Yes ₃No ₄No employees
 - c. Lagoon overflow? 0344 ₁Yes ₃No ₄No employees
 - d. Any other environmental training program?
(specify: _____). 0345 ₁Yes ₃No ₄No employees

2. During the year ending June 30, 2011, did this feedlot have any tests performed on:
 - a. Ground water (i.e., well water)? 0346 ₁Yes ₃No ₂Does not apply
 - b. Surface water (e.g., ponds, lakes, or streams)? [Do not include lagoons, standing water in pens, etc.] 0347 ₁Yes ₃No ₂Does not apply
 - c. Nutrient content of manure (e.g., nitrogen level)? 0348 ₁Yes ₃No
 - d. Air quality? 0349 ₁Yes ₃No

3. During the year ending June 30, 2011, what percentage of this feedlot's manure was:

a. Applied on land owned or managed by this feedlot? Percent	0350
b. Sold? Percent	0351
c. Given away? Percent	0352
d. Removed by paying someone to take it? Percent	0353
e. Removed by another method? (specify: _____). Percent	0354
f. Total [should equal 100%]. Percent	100%

- [If Item 3a = 0, SKIP to Item 5]**
4. Did this feedlot test the nutrient content of soil where the manure was being applied? 0355 ₁Yes ₃No
- [If Item 4 = NO, SKIP to Item 5]**
- a. Was the nutrient content of the soil tested to determine the manure application rate? 0356 ₁Yes ₃No
5. Was waste water applied on land owned or managed by this feedlot? 0357 ₁Yes ₃No
- [If Item 5 = NO, SKIP to Item 6]**
- a. Was the nutrient content of the soil tested to determine the waste water application rate? 0358 ₁Yes ₃No

6. During the year ending June 30, 2011, were any of the following practices used for dust control in any pens or on the feedlot premises?
 - a. Permanent sprinklers. 0359 ₁Yes ₃No
 - b. Mobile sprinklers (water truck). 0360 ₁Yes ₃No
 - c. Mechanical scrapers. 0361 ₁Yes ₃No
 - d. Increased cattle density. 0362 ₁Yes ₃No
 - e. Other (specify: _____). 0363 ₁Yes ₃No

7. During the year ending June 30, 2011, did this feedlot use:
 - a. Lagoons to capture runoff? 0364 ₁Yes ₃No
 - b. Berms to control runoff? 0365 ₁Yes ₃No
 - c. Fencing/landscaping to enhance wildlife management or minimize erosion? 0366 ₁Yes ₃No

Section 11—Labor

1. On June 30, 2011, how many of the following types of paid or unpaid personnel were employed **full time** by this feedlot?

a. Full-time employees including clerical and managerial personnel and those who handle the cattle. . . .

0367

b. Full-time employees who only handle cattle (e.g., pen riders and doctoring and processing crews). . . .

0368

2. Of the **[Item 1b]** employees, how many:

a. Had contact with livestock on other operations?

0369

b. Own livestock at another location?

0370

3. How many of the following types of full-time employees left their jobs for any reason (e.g., retirement, quit, fired, or injured) during the period July 1, 2010 through June 30, 2011?

a. Full-time employees including clerical and managerial personnel and those who handle the cattle. . . .

0371

b. Full-time employees who only handle cattle (e.g., pen riders and doctoring and processing crews). . . .

0372

Section 12—Information Flow

1. How often does this feedlot return any information to the sources of the cattle placed on feed by this feedlot? *[This may include the occurrence of disease, performance, or carcass quality.]*

- 0373 ₁ Always or most of the time
 ₂ Sometimes
 ₃ Never or almost never

2. Survey results can be found by accessing www.aphis.usda.gov/animal_health/nahms/

Would you prefer to receive reports as hard copies via the mail? 0400 ₁Yes ₃No

Section 13 —Office Use Only

1. Obtain VMO consent form signature if one or more cattle on feed July 1, 2011.
2. Respondent location (specific directions) and other comments.

3. Did the respondent use written or computerized records to assist in answering this survey?..... 0374 ₁Yes ₃No

4. Enter interview response codes. *[Check one]*
 9002 ₁ Zero cattle on feed on July 1, 2011
 ₂ Out of business
 ₃ Refusal of General Feedlot Management Questionnaire
 ₄ Complete, VMO consent signed
 ₅ Complete, VMO consent refused
 ₇ Out of scope for General Feedlot Management Questionnaire
 ₈ Office hold
 ₉ Inaccessible

[If response code from Item 4 = 3 or 5, check the reason below that fits best.]

5. Refusal code:
 0563 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 government veterinarian
 ₃ Does not have necessary records available
 ₄ Has participated in too many surveys
 ₅ Does not want outside people on the feedlot
 ₆ Bad time of year (planting, harvesting, second job, etc.)
 ₇ Currently has or recently has had disease problem with herd
 ₈ Believes that surveys and reports hurt the farmer more than help
 ₉ Could not get owner's permission
 ₁₀ No reason given, or other miscellaneous reasons

ENDING TIME [MILITARY] 0375

This completes the survey. Thank you for your help.

Reported by: _____ Phone (____) _____

9910	MM	DD	YY
Date	--	--	--
921			

Response		Respondent		Mode		Enum.	Eval.	Office Use for POID	
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	789	
2-R		2-Sp		2-Tel				-----	
3-Inac		3-Acct/Bkpr		3-Face-to-Face					
4-Office Hold		4-Partner		4-CATI					
5-R – Est		9-Oth		5-Web					
6-Inac – Est				6-e-mail					
7-Off Hold – Est				7-Fax					
8-Known Zero				8-CAPI				407	408
19-Other				19-Other					
S/E Name									