**Herd Management Questionnaire**

*To be completed once by the lab personnel interviewing the farmer (prompt language for interviewer are in italics)*

*Please provide Farm and veterinarian contact information*

1. **Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Farm owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Farm manager (if not owner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Farm Address: Street/road number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
     
   City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_  
     
   Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Herd Vet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
    Vet Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Herd Information**

*What is or are the breeds of dairy cattle on your farm?*

6.a) Predominant Breed(s) (describe all breeds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What is the average milk production per cow, in pounds of milk per cow per year, on your farm?*

6.b) Milk Production: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs/cow/year

*What are the number of lactating cows, dry cows, and young stock on your farm?*

6.c) Animal numbers:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lactating cows | Dry cows | Young stock |
| Number |  |  |  |

*Are these numbers exact or approximate?*  6.d) Exact actual numbers \_\_\_\_\_\_\_\_

Approximate numbers \_\_\_\_\_\_\_\_

*How many years has this farm been certified organic?*

6.e) Years current farm certified organic \_\_\_\_\_\_\_\_

*How many years have you owned or managed any dairy farm?*

6.f) Years owned or managed a dairy farm \_\_\_\_\_\_\_\_

*How many years have you owned or managed an organic dairy farm?*

6.g) Years owned or managed any organic dairy farm \_\_\_\_\_\_\_\_

1. **DHIA Information**

*Please provide DHIA information*

*What are the DHIA herd cows and RAC (access code) numbers?*

7.a) DHIA Herd code number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(for VT herds this should begin with 13)*

RAC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(this is a 4-digit number)*

*The producer may not know their RAC code off the top of their head. If they are willing it can be found by opening their herd management software and exploring (File – HerdDownload setup)*

*How many times per year do you participate in DHIA testing? Do you do this monthly, so 12 times per year, or less frequently, or more frequently?*

7.b) Frequency of DHIA testing: \_\_\_\_\_\_\_ times/ year

*What is the DHIA lab you test through?*

7.c) DHIA Lab you test with: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_

*Possible (likely) answers will be VT-DHIA; Lancaster DHIA, or Dairy One – you can prompt with these choices.*

*Do you know where your DHIA records are processed?*

7.d) Knows location of records processing center Yes\_\_\_\_\_ No\_\_\_

*If yes, where are your records processed?*

*You can provide a list of possible centers – it will likely be Raleigh unless the farm tests with Dairy One where they have an option of which processing center to use.*

7.e) Name of DHIA Records Processing Center (if known):

\_\_\_ DRMS (Raleigh, NC)  
\_\_\_ AgSource (Verona, WI)  
\_\_\_ DHI Provo (Provo, UT)

\_\_\_ AgriTech (Visalia, CA)

1. **Winter Housing system – adult lactating and dry cows: (Check the appropriate box)**

(*if more than one type of housing is used, indicate all in use*)

*What is your winter housing system for lactating and dry cows?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Lactating cow housing | Dry cow housing |
| Free stall | |  |  |
| Tie stall | |  |  |
| Loose housing | Bedded pack |  |  |
| Dry lot |  |  |

*The next set of questions are focused on lactating cows.*

8.a) **If free stall**

***If free stall****, describe the system, including total number of pens for cows, how many rows of stalls in each pen, how many stalls per pen, and the average number of cows per pen*

(*if multiple pens and pens are different sizes or designs, describe the high group or the largest lactating group*):

8.a.i) Total number of pens for lactating cows: \_\_\_\_\_\_\_\_\_

8.a.ii) How many rows of stalls are in a pen?   
 □ 2 rows/pen □ 3 rows/pen □ Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.a.iii) Number of stalls per pen: \_\_\_\_\_\_\_  
  
8.a.iv) Average number of cows per pen: \_\_\_\_\_\_\_\_\_\_\_\_  
 (*if pens are different sizes, indicate size of high group pen*)

***If tie stall****, how many stalls are in the barn, and on average how many stalls are used for lactating cows?*

8.b i) **If tie stall**: Number of stalls in barn: \_\_\_\_\_\_\_\_\_\_\_

8 b ii) **If tie stall:** number of stalls used for lactating cows: \_\_\_\_\_\_\_\_\_\_

***If free stall or tie stall*** *what is the stall surface material, you may prompt by providing a list of choices, including other surface not among the choices*

8.c) **If free stall or tie stall facility** –

8.c.i) Stall surface (Check one):

□ Deep bedded

□ Mattress

□ Concrete surface

□ Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.c.ii) Stall width: \_\_\_\_\_\_\_\_ inches

8.c.iii) Stall body length (from neck rail or brisket board to back curb): \_\_\_\_\_\_\_\_ inches  
  
 8.c.iv) Total stall length (including head space to back curb): \_\_\_\_\_\_\_inches  
  
 8.c.v) Does the stall have a brisket board or brisket locator?

□ Yes □ No

8.d) **If loose housing - bedded pack:**

*If loose housing – bedded pack, describe the system, including total number of pens for cows, the size of the pen (square feet), and the average number of cows per pen* (*if multiple pens and pens are different sizes or designs, describe the high group or the largest lactating group*):

8.d.i) Number of pens for lactating cows: \_\_\_\_\_\_\_\_\_\_\_

8.d.ii) Size of pen: \_\_\_\_\_\_ square feet

8.d.iii) Avg. number of cows per pen: \_\_\_\_\_\_

*For all herds…*

*Do lactating cows have access to outside paddock or exercise yard during the winter?*

8.e) Lactating cows have access to outside paddock or exercise yard during the winter? *(check one)*

□ Yes □ No

8.e.i) If Yes, number of months of access to outside: \_\_\_\_\_\_\_months per year from November to March

8.e.ii) If Yes, number of hours per day, when outside: \_\_\_\_\_\_\_hours per day

*How is the lactating cow facility ventilated?*

8.f) Type of ventilation for lactating cow barn: (Check one)

□ Natural

□ Sidewall curtains present

□ Open ridge vent present

□ Tunnel ventilated (mechanical ventilation)

□ Cross ventilated (mechanical ventilation)

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.g) Is the ventilation: (Check one)

□ Good: Constant air flow, no hanging odors

□ Fair: Some odors, but not overpowering

□ Poor: No air flow, strong hanging odors

1. **Bedding management:**

**If free stall or tie stall facility –**

***If free stall or tie stall*** *what is the….*

9.a) Estimated depth of the bedding: \_\_\_\_\_\_\_\_\_ inches

9.b) Frequency of scraping manure from back of stall surface:

\_\_\_\_\_\_ times/day (or) \_\_\_\_\_ times/week (or) \_\_\_\_\_times/month (or) \_\_\_\_\_ times/year

9.c) Frequency of adding new bedding material to the stalls:

\_\_\_\_\_\_ times/day (or) \_\_\_\_\_ times/week (or) \_\_\_\_\_times/month (or) \_\_\_\_\_ times/year

9.d) Frequency of scraping the alleyways behind stalls:

\_\_\_\_\_\_ times/day (or) \_\_\_\_\_ times/week (or) \_\_\_\_\_times/month (or) \_\_\_\_\_ times/year

9.f) If deep bedding free stalls, has the bedding ever been completely dug out and removed, then replaced (e.g. removing the entire back third of bedding from free stalls)?: (Check one)

□ Regularly

Schedule: \_\_\_\_\_\_\_times/week (or) \_\_\_\_\_\_ times/month (or) \_\_\_\_\_\_ times/year

Date last completed:\_\_\_\_\_\_\_\_\_\_\_

□ Infrequently

Date last completed: \_\_\_\_\_\_\_\_\_\_\_

□ Never

**If loose housing - bedded pack**

*Describe the management system*

9.g) The bedding management system is *(check one)*

□ Compost bedded pack barn with no bedding surface management

□ Compost bedded pack barn with bedding surface management (e.g. aeration or surface tilling

□ Compost bedded pack barn with other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.a) Estimated depth of the bedding: current \_\_\_\_\_\_\_\_\_ (feet or inches, specify)

Maximum before cleanout \_\_\_\_\_\_\_ (feet or inches, specify)

9.c) Frequency of adding new bedding material:

\_\_\_\_\_\_ times/day (or) \_\_\_\_\_ times/week (or) \_\_\_\_\_times/month (or) \_\_\_\_\_ times/year

9.f) If deep bedding, how frequently is bedding dug out and removed, then replaced? (Check one)

□ Regularly

1. Schedule: \_\_\_\_\_\_\_times/week (or) \_\_\_\_\_\_ times/month (or)

\_\_\_\_\_\_ times/year

1. Date last completed:\_\_\_\_\_\_\_\_\_\_\_

□ Never

1. **Bedding material details (for lactating cows)**

10.a) How long has the current winter bedding system been in use?

\_\_\_\_\_months (or) \_\_\_\_\_ years

10.b) Type of bedding material for lactating and dry cows: (Check one)

10.b.i 10.b.ii  
 Lactating cows Dry Cows

New sand □ □

Reclaimed (recycled) sand □ □

Limestone □ □

Manure solids (Biosolids) □ □

Shavings/sawdust □ □

Straw or hay □ □  
Other (Describe): □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.c) Answer the following questions if you use **SAND:**

10.c.i) Is the sand one of the following? (check one)

□ Silica sand

□ River sand

□ Don’t know

10.c.ii) If New Sand, is it washed before you purchase it? (Check one)

□ Yes □ No

10.c.iii) If using reclaimed sand, how is it recycled (recaptured)? (Check one)

□ Passive sand separator lanes

□ Mechanical separator

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.c.iv) If using reclaimed sand, time in storage from recapturing the sand to reusing in stalls: \_\_\_\_\_\_\_\_\_ days (or) \_\_\_\_\_\_\_\_\_\_ weeks

10.c.v) If using reclaimed sand, it is stored: □ In the open or □ Under cover

10.c.vi) If using reclaimed sand, check which of the following is true:

□ We use reclaimed sand 12 months per year

□ We use reclaimed sand most of the year, but in the coldest months we will purchase and use new dry clean sand.

10.d) Answer the following questions if you use **MANURE SOLIDS:**

10.d.i) Is it one of the following? (check one)

□ Raw (Green)

□ Composted

□ Digested

□ Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.d.ii) Are the solids pressed before use? □ Yes □ No

10.d.iii) Are the solids mechanically dried (with a dryer) before use? □ Yes □ No

10.d.iv) If Digested solids,

a) What is the temperature is the methane digester (if known)? \_\_\_\_\_\_\_°F

b) What is the flow rate or material through the digester (if known)? \_\_\_\_\_weeks

10.d.v) If using manure solids, time in storage from recapturing the solids to reusing in stalls:

\_\_\_\_\_ Days (or) \_\_\_\_ weeks

10.e) Answer the following questions if you use **STRAW or HAY:**

10.e.i) Straw or hay?

□ Straw

□ Hay

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.e.ii) Purchased or produced on farm?

□ Purchased

□ Produced

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.e.iii) If hay, Dry or ensiled?

□ Dry Hay (e.g. round bales)

□ Ensiled hay (e.g. wrapped round bales)

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.e.iv) Storage location?

□ Stored under cover

□ Stored outside

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.f) Answer the following questions if you use **SHAVINGS or SAWDUST:**

10.f.i) Kiln dried or “fresh”

□ Kiln dried

□ fresh or raw

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.f.ii) Storage location?

□ Stored under cover

□ Stored outside

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.g) Answer the following questions if you maintain a **Bedded Pack**.

10.g.i) Method for constructing pack

□

□

□

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.g.ii) Method for monitoring pack composition and structure

□

□

□

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.g.iii) other questions

□

□

□

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.h. Do you use bedding conditioner?   
 □ Yes □ No

10.h.i) If Yes, Name of conditioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.h.ii) Amount applied: \_\_\_\_\_\_\_\_\_ounces per stall treated  
  
 (or) \_\_\_\_\_\_\_\_\_ounces per 24 square feet of pack/yard area

10.h.iii) How frequently is the conditioner applied to stalls:   
 \_\_\_\_\_\_ times/week (or) \_\_\_\_\_ times/month

1. **Milking procedures**:

11.a) Milking schedule for the majority of the herd (Check one):

□ 2X

□ 3X

□ Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.b) Milking System (Check one):

□ Robot (Automated milking system)

□ Parlor: \_\_\_\_ Rotary \_\_\_\_ Parallel \_\_\_\_ Herringbone

□ Tie stall

11.c) Are milking units routinely washed/sprayed off between uses? (Check one)

□ Yes, routinely between milking individual cows  
□ Yes, routinely between milking individual pens  
□ Occasionally, if the milking unit gets very dirty (e.g. splattered with manure)  
□ No, only at the completion of milking

11.d) Do you pre-dip teats with a chemical disinfectant before milking? (Check one)

□ Yes □ No

11.d.i) If yes, type of pre-dip disinfectant solution (Check one):

□ Iodine

□ Chlorhexidine

□ Hydrogen peroxide

□ Other (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.d.ii) Please provide the name of the pre-dip product used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.e) Do you post-dip teats with a chemical disinfectant after milking? (Check one)

□ Yes

□ No

11.e.i) If yes, type of post-dip disinfectant solution (Check one):

□ Iodine

□ Chlorhexidine

□ Hydrogen peroxide

□ Other (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.e.ii) Please provide the name of the post-dip product used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.f) Do milkers routinely fore strip teats as a part of udder prep? (Check one)

□ Yes □ No

11.g) Do you use an automatic teat scrubber? (Check one)

□ Yes □ No

11.h) Are udders routinely wiped dry with an individual towel prior to attaching the milking unit? (Check one)

□ Yes □ No

11.i) if you use towels, are they paper (disposable) or cloth (reusable)? (Check one)

□ Paper □ Cloth

11.j) if you use cloth towels, describe how they are laundered (washed) and dried

□ yes washed and dried

□ washed and used damp

□ other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.k) Do you clip or flame udders one or more times per lactation? (Check one)

□ Yes □ No

11.l) Are tails docked? (Check one)

□ Yes, tails are docked

□ Switches on tails are trimmed, but the tail is not docked

□ No, we do not dock or trim switches on tails

11.m) Bulk milk storage delivery system (Check one):

□ Stored in bulk tank => Route truck picks up milk

□ Direct load onto tanker

11.n) Number of loads or pickups per week: \_\_\_\_\_\_\_

11.o) If you have an on farm electronic record keeping system, What is it? (Check one)

□ DairyComp 305 (or Scout)

□ DairyPlan

□ DHI-Plus

□ PCDART

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.p) do milkers wear gloves (e.g. nitrile gloves) during milking

□ yes, all milkers, consistently

□ yes, some milkers, but not all, or inconsistent use

□ no, no one on our farm wears gloves during milking

□ other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Management of clinical mastitis**

12.a) How do you detect clinical mastitis? (Check one)

□ Examine milk by fore-stripping in parlor

□ Other (Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.b) Do you routinely perform bacteriological culture of mastitis milk? (Check one)

□ Never

□ All

□ Sometimes

12.c) Do you routinely perform bacteriological culture of high SCC cows? (Check one)

□ Never

□ All

□ Sometimes

12.d) Do you routinely perform bacteriological culture of fresh cows? (Check one)

□ Never

□ All

□ Sometimes

12.e) If you culture milk from mastitic cows, where is this done (Check one):

□ Reference lab (e.g. State or University Diagnostic lab)

□ Local vet clinic

□ On-farm culture

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.f) A mild or moderate case of clinical mastitis has abnormal milk and possibly a swollen/firm quarter, but the cow is clinically OK (e.g. bright, good appetite, no clinical dehydration). How do you treat mild or moderate clinical mastitis cases? (Check one)

□ No treatment

□ Treat all cases with intra-mammary product

□ Selectively treat some cases with intra-mammary product, based on culture results (e.g. on-farm culture)

□ Other treatments (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.g) A severe case of clinical mastitis has abnormal milk and a swollen/firm quarter. As well, the cow will show systemic signs of illness (e.g. depression, off feed, dehydration (sunken eyes), fever). How do you treat severe clinical mastitis cases? (Check one)

□ No treatment

□ Treat all cases with intra-mammary product

□ Selectively treat some cases with intra-mammary product, based on culture results (e.g. on-farm culture)

□ Other treatments (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.h) Do you record clinical mastitis events on farm? (Check one)

□ Always

□ Sometimes

□ Never

12.i) If records are kept, how do you record clinical mastitis events? (Check one)

□ Software (e.g. On-farm record keeping program)

□ Paper

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.j) If mastitis treatment records are kept, what details do you record about clinical mastitis event (E.g. cow, quarter, date, treatment given, culture result (if available), days treated, other) Describe what you record:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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1. **Dry cow mastitis control program:**

~~13.a) Do you infuse cows with a long acting antibiotic at dry off (e.g. ToMorrow, Spectramast DC, Quartermaster)? (Check one)~~

~~□ Yes, for all cows~~

~~□ Some cows~~

~~□ Never~~

~~13.a.i) If yes, product name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~

~~13.b) Do you use an internal or external teat sealant at dry off (e.g. T-Hexx or Orbeseal)? (Check one)~~

~~□ Yes, for all cows~~

~~□ Some cows~~

~~□ Never~~

~~13.b.i) If yes, product name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~

13.c) Do you routinely use vaccines for mastitis control (e.g. J-5, J-VAC, or ENDOVAC-Bovi)? (Check one)

□ Yes

□ No

13.c.i) If yes, product name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~~13.d) Do you do any pretreatments to control mastitis in first calf heifers~~ **~~before~~** ~~they calve for the first time? (Check one)~~

~~□ No~~

~~□ Yes, we pretreat heifers with intramammary antibiotic: Product name: \_\_\_\_\_\_\_\_\_\_\_\_~~

~~□ Yes, we pretreat heifers with a teat sealant: Product name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~

~~□ Yes, we pretreat heifers with both an intramammary antibiotic and teat sealant~~

1. **Mastitis incidence estimates**