

# Herd Questionnaire for Specific Vaccination Protocol

Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Ranch Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Producer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Location: \_\_\_\_\_ Premise ID: \_\_\_\_\_

Commercial Beef Cow Herd  Yes  No      Seedstock Beef Cow Herd  Yes  No

## CURRENT HERD INVENTORY:

# replacement heifers: \_\_\_\_\_ # cows: \_\_\_\_\_ # bulls: \_\_\_\_\_ # pre-weaned calves: \_\_\_\_\_

# weaned calves: \_\_\_\_\_ # other (describe): \_\_\_\_\_

## LAST YEAR'S INCOMING CATTLE HISTORY AND MOVEMENTS

Purchased or Leased bulls?  Purchased  Leased  Both

Source of bulls? \_\_\_\_\_

Purchased replacement heifers?  Yes  No

Source of purchased heifers? \_\_\_\_\_

Purchased cows?  Yes  No

Source of purchased cows? \_\_\_\_\_

Purchased pre-weaned calves?  Yes  No

Purchased weaned calves?  Yes  No

Moved heifers, cows, pre-weaned calves, and/or bulls to a community pasture?  Yes  No

Moved some breeding stock to cattle shows and cattle returned home?  Yes  No

Segregated newly purchased or recently moved cattle for 2-3 weeks prior to mixing with resident cattle herd?  Yes  No

Ensured newly purchased cattle were vaccinated prior to mixing with herd?  Yes  No

What vaccines were given to newly purchased cattle prior to mixing with herd?

Reproductive vaccines       Respiratory vaccines       Other (describe): \_\_\_\_\_

## LAST YEAR'S OUTGOING CATTLE HISTORY

Sold or leased bulls?  Yes  No

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Sold replacement heifers?  Yes  No

Sold cows?  Yes  No

Retained and/or sold pre-weaned calves?  Retained  Sold  Both

**MONTH CALVING STARTED LAST YEAR:**

Heifers:  December to February  March  April to May  Other: \_\_\_\_\_

Cows:  December to February  March  April to May  Other: \_\_\_\_\_

Winter feeding and calving in one area?  Yes  No

Cows and Heifers calved together?  Yes  No

Calving area?  Corrals/Pens  Pasture  Other (describe): \_\_\_\_\_

Access to calving barn?  Yes  No

Access to calf shelters?  Yes  No

Calving area stocking density?  High  Moderate  Low (we need to add some # here to define)

Cow-Calf pairs sorted out of calving area to clean new pasture after calving?  Yes  No

Describe turn-out procedures for new cow/calf pairs (age, number per group, pasture groups)

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**REPRODUCTIVE HISTORY (LAST YEAR)**

Pregnancy rate:  Don't know  less than 90%  90-95%  95-100%

Abortion rate:  Don't know  less than 1%  1-2%  greater than 2%

Calving rate:  Don't know  less than 90%  90-95%  95-100%

Stillborn rate:  Don't know  less than 1%  1-2%  greater than 2%

**DISEASES OF CONCERN IN YOUR HERD (RANK FROM 1 TO 5 WITH 1 LOW CONCERN AND 5 HIGH CONCERN):**

**Replacement heifers:**

Low conception or pregnancy rates  1  2  3  4  5

Long calving interval  1  2  3  4  5

Abortions or low calving rates  1  2  3  4  5

Calving problems (dystocia)  1  2  3  4  5

Pneumonia  1  2  3  4  5

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- Pneumonia  1  2  3  4  5
- Navel Infections  1  2  3  4  5
- Arthritis  1  2  3  4  5
- Other (describe) \_\_\_\_\_  1  2  3  4  5

**Post-weaned calves (if retain ownership):**

- Pneumonia (Bovine Respiratory Disease)  1  2  3  4  5
- Histophilosis (Hemophilus)  1  2  3  4  5
- Digestive problems e.g., bloat, grain overload  1  2  3  4  5
- Lameness e.g., footrot, hairy heel warts  1  2  3  4  5
- Coccidiosis  1  2  3  4  5
- Nervous disease  1  2  3  4  5
- Other (describe): \_\_\_\_\_  1  2  3  4  5

**RECORD KEEPING (LAST 12 MONTHS)**

Were your bred heifers and cows checked for pregnancy?  Yes  No

If yes, do you have pregnancy records?  Yes  No

Were breeding soundness exams (semen test) done on your bulls before breeding season?  Yes  No

Do you have individual animal treatment records?  Yes  No

Do you record the number of dead animals?  Yes  No

Do you do necropsies on any dead animals and have records of these results?  Yes  No

Do you have vaccination records?  Yes  No

**VACCINATION HISTORY (PREVIOUS 12 MONTHS)**

Were replacement heifers vaccinated last year prior to breeding or calving?  Yes  No

If yes, when were heifers vaccinated?  prebreeding  preg check  other (describe): \_\_\_\_\_

If heifers were vaccinated, mark with an "X" which vaccines were given?

- Calf Scours (*E. coli*, rota and corona virus)
- IBR (BHV-1) virus
- BVD virus
- Leptospirosis
- Vibriosis (Campylobacter)

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- Clostridial diseases
- Other (describe): \_\_\_\_\_
- Don't know which specific vaccines were given
- List vaccine products used if easier \_\_\_\_\_

Were cows vaccinated within the last 12 months?  Yes  No

If yes, when were cows vaccinated?  prebreeding  preg check

other (describe): \_\_\_\_\_

If cows were vaccinated, mark with an "X" which vaccines were given?

- Calf Scours (*E. coli*, rota and corona virus)
- IBR (BHV-1) virus
- BVD virus
- Leptospirosis
- Vibriosis (Campylobacter)
- Clostridial diseases
- Other (describe): \_\_\_\_\_
- List vaccine products used if easier \_\_\_\_\_
- Don't know which specific vaccines were used

Were bulls vaccinated in the last 12 months?  Yes  No

If yes, when were bulls vaccinated?  Prior to breeding  Other (describe): \_\_\_\_\_

If bulls were vaccinated, mark with an "X" which vaccines were given?

- IBR (BHV-1) virus
- PI3 virus
- BRSV virus
- BVD virus
- Clostridial bacteria
- Footrot
- Pinkeye
- Other (describe): \_\_\_\_\_
- List vaccine products used if easier \_\_\_\_\_

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Don't know which specific vaccines were used

Were pre-weaned calves vaccinated last year?  Yes  No

If vaccinated, when were calves vaccinated last year? (may mark more than one if vaccinated more than once)

within 1<sup>st</sup> week of life  spring processing  preweaning  weaning

If pre-weaned calves were vaccinated, mark with an "X" which vaccines were given?

- IBR (BHV-1) virus
- PI3 virus
- BRSV virus
- BVD virus
- BRD bacteria (*Mannheimia haemolytica*, *Pasteurella multocida*)
- Histophilus somnus*
- Footrot (*Fusobacterium* spp)
- Pinkeye (*Moraxella* spp)
- Clostridial* spp
- Other (describe): \_\_\_\_\_
- List vaccine products used if easier \_\_\_\_\_
- Don't know which vaccines were used

**WHAT FACTORS LIMIT WHEN YOU CAN VACCINATE YOUR CATTLE?**

- help (labor) to vaccinate cattle
- facilities to vaccinate cattle
- time to vaccinate cattle
- location of cattle
- other (describe): \_\_\_\_\_

**Record any additional information that you would like to share with your vet to help them work with you to develop a herd specific vaccination program?**

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**Thanks for completing this questionnaire.**

Please return completed questionnaire to Veterinary Clinic Name: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Mail: \_\_\_\_\_

Drop off: \_\_\_\_\_