## **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 AN	ID MOVEMENTS				
Purchased or Leased bulls?	Leased				
Source of bulls?					
Purchased replacement heifers?  Ye	es O No				
Source of purchased heifers?					
Purchased cows? Yes No					
Source of purchased cows?					
Purchased pre-weaned calves?  Yes No	0				
Purchased weaned calves? Yes No	0				
Moved heifers, cows, pre-weaned calves, and	I/or bulls to a community pasture?  Yes  No				
Moved some breeding stock to cattle shows a	and cattle returned home?  Yes  No				
Segregated newly purchased or recently move herd? Yes No	ed cattle for 2-3 weeks prior to mixing with resident cattle				
Ensured newly purchased cattle were vaccina	ted prior to mixing with herd? Yes \( \cap \) No				
What vaccines were given to newly purchased	d cattle prior to mixing with herd?				
○ Reproductive vaccines ○ Respirator	ry vaccines Other (describe):				
LAST YEAR'S OUTGOING CATTLE HISTORY					
Sold or leased bulls? Yes No					

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Sold replaceme	ent heifers? Yes	No No					
Sold cows?	○ Yes ○ No						
Retained and/o	or sold pre-weaned calve	es?	etained	○ Sol	d	○ Bo	th
MONTH CALVI	NG STARTED LAST YEAR	R:					
Heifers: OD	ecember to February	○ March	ОАрі	ril to Ma	у	Ot	:her:
Cows: ODec	ember to February	○ March	ОАрі	ril to Ma	у	Ot	:her:
Winter feeding	and calving in one area	?○Yes ○No	0				
Cows and Heife	ers calved together?	○ Ye	es O No				
Calving area?	○ Corrals/Pens	○ Pasture	Oth	ner (des	cribe): _		
Access to calvir	ng barn? O Yes O No						
Access to calf s	helters? O Yes O No						
	ocking density2 ( High	○ Moderate	○ Lov	v (we ne	ed to ac	dd some	# here to define
Cow-Calf pairs	sorted out of calving are	ea to clean new	pasture	after ca	lving?	○ Yes	s
Describe turn-c	sorted out of calving are	ea to clean new	pasture	after ca	lving?	○ Yes	s
Cow-Calf pairs  Describe turn-c	sorted out of calving are out procedures for new	ea to clean new	pasture	after ca	lving? group, į	O Yes	s
Cow-Calf pairs  Describe turn-c  REPRODUCTIVE  Pregnancy rate	sorted out of calving are out procedures for new  E HISTORY (LAST YEAR)  : O Don't know	cow/calf pairs (	pasture age, num	after cal	group, p	Yes	s
Cow-Calf pairs  Describe turn-cal  REPRODUCTIVE  Pregnancy rate  Abortion rate:	sorted out of calving are out procedures for new  E HISTORY (LAST YEAR)  O Don't know  Don't know	ea to clean new cow/calf pairs (	pasture (age, num	after cal	group, p	Yes	s No No groups) -100% eater than 2%
Cow-Calf pairs  Describe turn-c  REPRODUCTIV  Pregnancy rate  Abortion rate:  Calving rate:	sorted out of calving are out procedures for new E HISTORY (LAST YEAR)  :	ea to clean new cow/calf pairs (  less than 9  less than 9	pasture (age, num	90- 1-2	group, p	Yes	s No No groups) -100% eater than 2%
Cow-Calf pairs  Describe turn-complete turn-	sorted out of calving are out procedures for new  E HISTORY (LAST YEAR)  O Don't know  Don't know	less than 9	pasture dage, num	90- 90- 1-2	95% 95%	Yes  pasture g  95-  gre  95-  gre  gree	-100% eater than 2% eater than 2%
Cow-Calf pairs  Describe turn-cal  REPRODUCTIVE  Pregnancy rate  Abortion rate:  Calving rate:  Stillborn rate:	sorted out of calving are out procedures for new Don't know Don't know Don't know Don't know Oncern in Your Here	less than 9	pasture dage, num	90- 90- 1-2	95% 95%	Yes	-100% eater than 2% eater than 2%
Cow-Calf pairs  Describe turn-comparing turn-comparing rate:  Calving rate:  Stillborn rate:  DISEASES OF CONCERN):  Replacement h	sorted out of calving are out procedures for new Don't know Don't know Don't know Don't know Oncern in Your Here	ea to clean new cow/calf pairs (  less than 9  less than 9  less than 9  less than 9  (RANK FROM	pasture dage, num	90- 90- 1-2	95% 95%	Yes	-100% eater than 2% eater than 2%
Cow-Calf pairs  Describe turn-complete turn-	sorted out of calving are out procedures for new on the condition of the condi	ea to clean new cow/calf pairs (  less than 9  less than 9  less than 9  less than 9  (RANK FROM	pasture (age, num)	90- 90- 1-2 ()1-1-2	95% 95%	Yes	s No Sproups) -100% -100
Cow-Calf pairs  Describe turn-complete turn-	sorted out of calving are out procedures for new out on the control of	ea to clean new cow/calf pairs (  less than 9  less than 9  less than 9  less than 9  (RANK FROM	pasture (age, num) 00% 1.% 1 TO 5 W	90- 1-2 ()1-1-2 ()1-1-2 ()1-1-2 ()1-1-1	95% -95% -95% -95%	Yes  pasture g  95-  gre  95-  gre  4	-100% eater than 2% eater than 2% ND 5 HIGH
Cow-Calf pairs  Describe turn-complete turn-	sorted out of calving are out procedures for new out the condition of the condition of pregnancy of the condition o	ea to clean new cow/calf pairs (  less than 9  less than 9  less than 9  less than 9  (RANK FROM	pasture (age, num) 00% 1% 1 TO 5 W	90- 1-2 (/ITH 1 LG	95% -95% -95% -95% -95%	Yes  pasture g  95-  gre  95-  gre  4  4	-100% eater than 2% eater than 2% NO 5 HIGH

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	Pinkeye	<b>0</b> 1	<u> </u>	<b>○</b> 3	<b>_</b> 4	<b>5</b>
	Mastitis	$\bigcirc$ 1	<u> </u>	<b>3</b>	<u> </u>	<u></u>
	Lameness	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<u> </u>	<b>5</b>
	Other (describe):	$\bigcirc$ 1	<u> </u>	<b>3</b>	<u> </u>	<u></u>
Cows:						
	Low conception or pregnancy rates	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<b>_</b> 4	<u></u>
	Long calving interval	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<b>_</b> 4	<u> </u>
	Abortions or low calving rates	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<b>_</b> 4	<u> </u>
	Calving problems (dystocia)	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<b>_</b> 4	<u> </u>
	Pneumonia	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<u> </u>	<u> </u>
	Pinkeye	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>5</b>
	Lameness	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>5</b>
	Mastitis	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>5</b>
	Other (describe):	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>5</b>
Bulls:						
	Infertility	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5
	Pneumonia	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5
	Lameness e.g., foot rot	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5
	Pinkeye	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5
	Injuries	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5
	Other (describe):	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5
Neo-na	atal calves (< 2 weeks of age):					
	Diarrhea	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<u> </u>
	Pneumonia	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<u> </u>	<b>○</b> 5
	Navel Infections	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>4</b>	<b>○</b> 5
	Arthritis	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>4</b>	<b>○</b> 5
	Other (describe)	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<u> </u>	<b>○</b> 5
Pre-we	eaned calves (2 weeks to weaning):					
	Diarrhea	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>4</b>	<b>○</b> 5

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Pneumonia	<u></u>	<u></u>	<b>○</b> 3	<b>_</b> 4	<u></u>		
Navel Infections	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<u> </u>	<u></u>		
Arthritis	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<u> </u>	<u></u>		
Other (describe)	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<u> </u>	<u></u>		
Post-weaned calves (if retain ownership):							
Pneumonia (Bovine Respiratory Disease)	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<u></u>		
Histophilosis (Hemophilus)	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5		
Digestive problems e.g., bloat, grain overload	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5		
Lameness e.g., footrot, hairy heel warts	$\bigcirc$ 1	<u> </u>	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5		
Coccidiosis	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<u></u>		
Nervous disease	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5		
Other (describe):	$\bigcirc$ 1	<b>○</b> 2	<b>○</b> 3	<b>_</b> 4	<b>○</b> 5		
RECORD KEEPING (LAST 12 MONTHS)							
Were your bred heifers and cows checked for pregnancy? Yes ONo							
If yes, do you have pregnancy records?  Yes No							
Were breeding soundness exams (semen test) done or	n your b	ulls befo	re breed	ling seas	son? Yes No		
Do you have individual animal treatment records?	○ Yes	s O No					
Do you record the number of dead animals?							
Do you do necropsies on any dead animals and have re	ecords o	f these r	esults?	○ Yes	s O No		
Do you have vaccination records?							
VACCINATION HISTORY (PREVIOUS 12 MONTHS)							
Were replacement heifers vaccinated last year prior to breeding or calving?							
If yes, when were heifers vaccinated? Oprebreeding Opreg check Oother (describe):							
If heifers were vaccinated, mark with an "X" which vaccines were given?							
Calf Scours (E. coli, rota and corona vir	us)						
O IBR (BHV-1) virus							
O BVD virus							
Leptospirosis							
Vibriosis (Campylobacter)							

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$\bigcirc$	Clostridial diseases
$\bigcirc$	Other (describe):
$\bigcirc$	Don't know which specific vaccines were given
$\bigcirc$ L	ist vaccine products used if easier
Were cows v	vaccinated within the last 12 months? Yes O No
If ye	s, when were cows vaccinated? O prebreeding preg check
$\bigcirc$ o	ther (describe):
If cows were	vaccinated, mark with an "X" which vaccines were given?
$\bigcirc$	Calf Scours (E. coli, rota and corona virus)
$\bigcirc$	IBR (BHV-1) virus
$\bigcirc$	BVD virus
$\bigcirc$	Leptospirosis
$\bigcirc$	Vibriosis (Campylobacter)
$\bigcirc$	Clostridial diseases
$\bigcirc$	Other (describe):
$\bigcirc$	List vaccine products used if easier
$\circ$	Don't know which specific vaccines were used
Were bulls v	accinated in the last 12 months? Yes No
If ye	s, when were bulls vaccinated? Orior to breeding Other (describe):
If bulls were	vaccinated, mark with an "X" which vaccines were given?
$\bigcirc$	IBR (BHV-1) virus
$\bigcirc$	PI3 virus
$\bigcirc$	BRSV virus
$\bigcirc$	BVD virus
$\bigcirc$	Clostridial bacteria
$\bigcirc$	Footrot
$\bigcirc$	Pinkeye
$\bigcirc$	Other (describe):
$\bigcirc$	List vaccine products used if easier

$\circ$	Don't know v	which specific vaccines we	ere used	
Vere pre-we	aned calves vac	cinated last year?	○ Yes ○ No	
f vaccinated, once)	when were calv	ves vaccinated last year? (	may mark more than	one if vaccinated more thar
within 1st v	week of life	ospring processing	Opreweaning	○ weaning
f pre-weaned	d calves were va	ccinated, mark with an ">	(" which vaccines were	e given?
$\bigcirc$	IBR (BHV-1) v	virus		
$\bigcirc$	PI3 virus			
$\bigcirc$	BRSV virus			
$\bigcirc$	BVD virus			
$\bigcirc$	BRD bacteria	(Mannheima haemolytic	a, Pasteurella multoci	da)
$\bigcirc$	Histophilus s	omnus		
$\bigcirc$	Footrot (Fusc	obacterium spp)		
$\bigcirc$	Pinkeye ( <i>Moi</i>	raxella spp)		
$\bigcirc$	<i>Clostridial</i> sp	р		
$\bigcirc$	Other (descri	be):		
$\bigcirc$	List vaccine	products used if easier		
$\bigcirc$	Don't know v	which vaccines were used		
WHAT FACTO	RS LIMIT WHEN	N YOU CAN VACCINATE Y	OUR CATTLE?	
○ he	lp (labor) to vac	cinate cattle		
◯ fa	cilities to vaccina	ate cattle		
○tir	ne to vaccinate	cattle		
	cation of cattle			
$\bigcirc$ ot	her (describe): _			
-		nation that you would lik ic vaccination program?	e to share with your v	et to help them work with

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## Thanks for completing this questionnaire.

Please return completed questionnaire to Veterinary Clinic Name:				
Email:	_			
Fax:	_			
Mail:	_			
Drop off:				