**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

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

Pinkeye ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Mastitis ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Lameness ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

**Cows:**

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

Pinkeye ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Lameness ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Mastitis ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

**Bulls:**

Infertility ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Pneumonia ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Lameness e.g., foot rot ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Pinkeye ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Injuries ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

**Neo-natal calves (< 2 weeks of age):**

Diarrhea ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

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

**Pre-weaned calves (2 weeks to weaning):**

Diarrhea ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5

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)

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

⃝ 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 1st 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 (*Mannheima 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?**

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

**Thanks for completing this questionnaire.**

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

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

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

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

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