



Department of
Agriculture

Enhanced Herd Health Program (April 1, 2011 - March 31, 2012)

Attached is the application form, processing record sheet and questionnaire for the 2011/12 year. The guidelines for the program remain the same as in the previous year (listed below) however, some of the vaccine formulations have changed and we encourage you to work through your veterinarian to determine which protocol is best for your cattle. Please return the various forms along with receipts for vaccines and dewormer. The program will be terminated on March 31, 2011 **or when funds have been fully committed which ever comes first.**

Guidelines:

Applicants will be eligible for assistance of \$40 per cow-calf pair by following the health protocol criteria and producer requirements outlined below.

Health Protocol

- * Veterinarian is consulted regarding vaccines and health protocols. Pharmaceutical companies may also offer incentives for producers who follow specific health protocols. Please check with your veterinarian for more details.
- * Cow herd including bulls are vaccinated annually for IBR, BVD, PI3, BRSV.
- * Calves are castrated a minimum of six weeks prior to sale and less than eight months of age.
- * Calves are dehorned a minimum of six weeks prior to sale.
- * Calves are vaccinated and boosted for IBR, PI3, BRSV, BVD as per manufacturers protocol.
- * Calves are treated with endectocide for internal/external parasites.

Producer Requirements

- * Complete a program questionnaire each year for each year of program participation.
- * Must provide copies of receipts from vaccine and de-wormer purchases.
- * Must submit health protocol records (forms provided by the PEI Department of Agriculture).

For more information please call Les at 569-7639



Department of Agriculture

BEEF INDUSTRY INCENTIVE ENHANCED HERD HEALTH APPLICATION FORM

Form with fields: Full Name (including middle name), Business Name if applicable, SIN or Business Number (required for income tax reporting), Mailing address: (include civic address), Postal Code, Telephone #

TOTAL NUMBER OF MATURE BEEF BREEDING FEMALES IN HERD: _____

Administrator will call to make an appointment to inspect cattle, verify vaccine and dewormer purchases and complete the herd health questionnaire.

Date: _____ Applicant Signature: _____

Personal information on this form is collected under Section 31(c) of the Freedom of Information and Protection Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for Beef Quality Improvement Program and will be used for determining eligibility for program assistance and issuing tax related receipts. If you have any questions about this collection of personal information, you may contact the Beef Development Officer, PEI Department of Agriculture, PO Box 1600, Charlottetown, PE, C1A 7N3, 902-569-7639.

For office use only: Amount of Assistance: _____ Date: _____ Invoice #: _____ Account #: _____ Batch #: _____ Approval Signature(s): _____ Note: Supporting documentation is filed in the office of the Beef Development Officer, Department of Agriculture.

Please return the form to:

Beef Development Officer
PEI Department of Agriculture
PO Box 1600
Charlottetown, PEI, C1A 7N3

Herd Health Questionnaire

Name of Producer: _____

Farm Name: _____

Date: _____

Location: _____

Herd History Information

1. How many cattle do you have in your herd -
 - ❖ Number of breeding animals?
 - ❖ Number of calves?
 - ❖ Number of replacement heifers?
 - ❖ Number of bulls?
 - ❖ What percentage of animals do you cull annually?
Why were these animals culled?
2. What is the number of breeding animals in the herd that were exposed to the bull(s)?
3. How many of these cattle had a calf
4. Do you have split calving seasons (spring/fall). Please explain
5. We will be promoting Age Verification and require birth dates and ID's on a supplied form
Exact birth dates are ideal but estimates by month are OK - ie 5 calves born in March
therefore each receives a March 1st birth date. We can also use this information to
calculate the length of your calving season.

Date the first calf was born _____

Date last calf born _____
6. What are your average birth weights?
7. What was your death loss (mature cattle and calves) from birth to weaning?

# of mature cattle	Why?
# of calves	Why?

8. Do you have weaning weight data? _____ lbs

What date did you wean

9. If you don't have weaning weight data what was the average weight of calves sold and date sold last year?

10. What is the average weight of your cows?

11. What breed of cattle do you have? What breed of bull do you use? (If most cows are bred AI - what semen is used and why?)

12. Are your calves bunk broke and what do you feed them?

Vaccination Information

1. Upon consulting with your veterinarian, what products did you decide were the best for your cattle? List the names of the vaccines and dewormer

2. How many times do you vaccinate your cattle? At what times/ages did you vaccinate calves and cows?

3. Do you vaccinate your bulls? If you bought a bull that was supposed to be vaccinated, would you re-vaccinate when they arrived on your farm?

4. What type of injection did you use- (muscle vs under the skin)? In what location on the animal did you inject?

5. What do you think the overall health benefits from vaccinating will be?

6. What percentage of your calves had scours or summer pneumonia or any other illness?

7. How would you describe your drug use for your cattle? Do you feel you have excessive vet bills?

CCIA Tags

1. Did you find the RFID CCIA tags beneficial?
2. Have you registered your tags online for birth date verification?
If NO - Why not

If YES - do you have birth certificates
3. If you have not age verified would you like me to arrange for the Bull Test Station to act as third party and enter your calf birth dates later in the Fall

Herd Health Program Information

1. Describe your handling facilities? What do you feel you need to have adequate handling facilities?
2. Please describe your feeding program throughout the year. (What do you feed: hay, silage, grain, mineral)
 - ❖ What do you feed your cows?
 - ❖ What do you feed your calves that are on cows?
 - ❖ What do you feed weaned calves?
 - ❖ Have you ever had your feed analysed?
3. What would be the benefits of using tags to identify your cattle as having been on a Herd Health Program?
4. Was it beneficial to keep written records of each animal?
5. What benefits do you see for a calf club? Would you like to see one started within the Herd Health Program? Why or Why Not?
6. What benefits do you anticipate from the Herd Health Program?

7. What do you think the benefits from having a Spring/Fall sale for cattle on the Herd Health program would be?

8. Where are your cattle being sold? Would you mind if we contacted these buyers to inquire as to what criteria they have when buying cattle?

9. Would you allow the PEICP to advertise that you have Herd Health Program cattle for sale in their newsletter?

10. Would you be interested in taking the Verified Beef Production course.

11. How many cattle did you vaccinate for the Herd Health program?
 - Cows
 - Calves
 - Bulls

12. How long after your last vaccination were your cattle sold?

13. What is your general impression of the Herd Health program? What improvements would you like to see? What was your biggest obstacle with the program?

14. In terms of overall health benefits from the program what do you think? Was there less disease within your herd then before participating in the program?

15. Have you had more buyers interested in your cattle?

16. Would you be interested in receiving detailed carcass data from your calves if they were processed through the ABP beef plant.



Enhanced Herd Health Program Processing Records

Producer Name: _____ Period covered by this sheet: _____

Date	Animal Type/ID (Cow, RH, B, Calf)	Procedure - Vac, Deworm, Castration, Dehorn etc	Product Name	Route (IM, SQ, PO)	Dose	Injection Location	Withdrawal Period (days)	Comments

**Include vaccines, antimicrobial treatments, injectable vitamins/minerals, implants, external or internal parasite control.
When possible select SQ or pour-on products. Give all injections in neck region only.**

I certify that the animals listed above meet or will meet PEI Enhanced Herd Health requirements and products have been or will be administered according to label directions. I also certify that the information on this form is true and accurate. I agree to provide required copies of proof of purchase upon request. One of the signatures is required.

Producer: _____ Date: _____ Witness(Vet or Admin person etc) _____ Date: _____