****

**Dairy Health Plan**

|  |  |
| --- | --- |
| **Farm Name** |  |
| **Veterinary Practice Details** |  |
| **Nominated Vet** |  |
| **Relevant persons** |
| **Foot Trimmer** |  |
| **Nutritionist**  |  |
| **Medicine Administration**  |  |
|  |  |
|  |  |
|  |  |
| **Type and number of Livestock covered by the plan** | CowsHeifersYoungstock/ calvesStock bullsStore cattleFinished cattleSheep  |
| **Plan completed by** | **Name:** | **Role on farm:****Date:** |
| Vet Declaration:The information recorded within this health plan, is, to the best of my knowledge accurate and a true reflection of practices on the farm.  | Signature: Date: |
|  | Review – Vet Declaration:The information recorded within this health plan, is, to the best of my knowledge accurate and a true reflection of practices on the farm.  | Signature: Date: |
|  | Review – Vet Declaration:The information recorded within this health plan, is, to the best of my knowledge accurate and a true reflection of practices on the farm.  | Signature: Date: |

Note: a separate sheep supplement is available. If the plan is used for Dairy, beef and sheep, the plans below must cover all cattle and sheep.

**1. Biosecurity**

Biosecurity measures must be farm-specific, relevant and proportionate to the health risks.

|  |  |
| --- | --- |
|  | **Farm Specific Measures** |
| **Measures taken with incoming stock:** |  |
| * Sourcing policy
 |  |
| * Ascertaining disease status
 |  |
| * Pre-movement/purchase information from seller
 |  |
| * Avoid / minimise mixing of stock (isolation period)
 |  |
| **Nominated Isolation Facility/Area** |  |
| * Location of nominated Isolation facility or area
 |  |
| * Actions required, if any, to make the facility available
 |  |
| * Means of cleaning and disinfecting after use
 |  |
| **Other Measures:** |  |
| * People inc. visitors
 |  |
| * Buildings
 |  |
| * Equipment
 |  |
| * Vehicles
 |  |
| * Farm pets inc. working dogs (worming)
 |  |
| * Fencing
 |  |

**2. Infectious Disease and Vaccinations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disease** | **Status\*** | **Test / Control Measure / Vaccine** | **Target Animals** | **Frequency/Timing** |
| Johne’s Disease(declaration to be annually made under NJMP) |  |  |  |  |
| BVD |  |  |  |  |
| Leptospirosis |  |  |  |  |
| IBR |  |  |  |  |
| TB |  |  |  |  |
| Neospora |  |  |  |  |
| Clostridial disease |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Use the blank rows to indicate other conditions that are relevant to the farm (eg: calf pneumonia, Blue Tongue, salmonella, husk, ringworm)

* Status: F - free, U - currently unknown, action required, V - vaccinated, T - being tested, M- being monitored, P - present, N - no action

**3. Parasite Control**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parasite** | **Tests/ Control Measure / Product** | **Target Animals** | **Frequency/ Timing** |
| Fluke |  |  |  |
| Lungworm |  |  |  |
| Intestinal Worms |  |  |  |
| Lice |  |  |  |
| Flies |  |  |  |
| Ticks |  |  |  |
|  |  |  |  |
|  |  |  |  |

Use the blank rows to include any other parasites that are relevant to the farm

**4. Footcare and Lameness Management**

|  |  |
| --- | --- |
| **Name of persons with responsibility for footcare and lameness management (mobility scoring and/or trimming)** | **Experience/ Qualifications** |
|  |  |
|  |  |
|  |  |

**Mobility Scoring**

|  |  |
| --- | --- |
| **Frequency** |  |
| **Where recorded** |  |
| **Action taken with** **Score 2 cows****Score 3 cows**  |  |

**Routine Measures taken for Prevention, Control and Treatment of Foot Problems (e.g. examination, trimming, foot-bathing)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Measure** | **When / How Often /****Who** | **Products Used** |
| Digital dermatitis | Control:Treatment: |  |  |
| Sole Ulcers | Control:Treatment: |  |  |
| Foul in the foot | Control:Treatment: |  |  |
| White line disease | Control:Treatment: |  |  |
|  | Control:Treatment: |  |  |
|  | Control:Treatment: |  |  |

Use the blank rows to include other conditions that are relevant to the farm.

**5. Mastitis**

Describe method (s) of detection:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Routine preventative measures** | **Used?** | **Products used** |
| Pre-dipping  | Yes/ No |  |
| Post-dipping | Yes/ No |  |
| Cluster Spraying  | Yes/ No |  |
|  |  |  |
|  |  |  |

**Actions taken in treatment of clinical mastitis cases:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | **Measures Taken** | **Products Used** | **Route of administration** | **Withdrawal Period****(milk and meat)** |
|  |  |  |  | MilkMeat |
|  |  |  |  | MilkMeat |
|  |  |  |  | MilkMeat |
|  |  |  |  | MilkMeat |

Please indicate details for any specific conditions being tackled.

**6. Management of Drying Off**

**Procedures for drying off cows:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Measures Taken** | **Products Used** | **Criteria for use/Thresholds** | **Withdrawal Period****(milk and meat)** |
|  |  |  |  | MilkMeat |
|  |  |  |  | MilkMeat |
|  |  |  |  | MilkMeat |
|  |  |  |  | MilkMeat |

Please indicate if different actions are taken for different groups (e.g. high SCC cows)

**7. Metabolic Disorders**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Preventative Measures** | **Measure Taken****If affected** | **Products Used** |
| Hypomagnesaemia(Staggers) |  |  |  |
| Milk fever |  |  |  |
| Ketosis |  |  |  |
| Displaced abomasum |  |  |  |
|  |  |  |  |
|  |  |  |  |

Use the blank rows to include other conditions that are relevant to the farm.

**8. Calving Procedures & Colostrum Policy**

|  |  |
| --- | --- |
| **Youngstock management i.e. water and feed provision, group housing**  |  |
| **Average time calf left with cow** |  |
| **Johne’s positive cow – action at calving** |  |
| **Colostrum**  | Quantity |  |
| Quality  |  |
| Timeframe |  |
| Method of feeding |  |
| Alternative source (frozen, powdered etc) |  |

* Management of milk from cows under statutory withdrawal for veterinary medicines

|  |
| --- |
|  |

**9. Husbandry Procedures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type and age of stock** | **Task** | **Person\*** | **Method** | **Anaesthetic used** | **Analgesic used** |
|  | Disbudding |  |  |  |  |
|  | Dehorning |  |  |  |  |
|  | Castration |  |  |  |  |
|  | Removal ofsupernumerary teats |  |  |  |  |
|  | Freeze branding |  |  |  |  |
|  |  |  |  |  |  |

Use the blank rows to include other routine operations supplied to the herd.

\* Persons undertaking veterinary related tasks must be suitable, experienced and/or trained, details of which must be recorded in Training Records.

**10. Identifying Treated Animals**

Describe the means used for identification (for all ages and species covered by the plan):

|  |
| --- |
|  |

**11. Pain Relief – all pain relief must be recorded in the medicine records**

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedure/injury/action** | **Product used** | **Rate** | **Person responsible** |
| **Lameness** |  |  |  |
| **Difficult calving** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**12.Actions for Dealing with Confirmed TB Reactors in the Milking Herd**

*A suggested policy is provided below (further detail can be found on the TBHub website and via the TB Advisory Service) – if necessary, amend with any additional or farm-specific actions:*

* Isolate confirmed reactor animal(s) as soon as diagnosed by the veterinary surgeon pending their removal from the farm.
* Clearly identify reactor animals (e.g. with marker spray, tail tapes).
* Milk reactor animals last and thoroughly clean equipment after use.
* Discard milk from reactors completely - exclude from bulk tank and do not feed to calves.
* If disposing of milk via direct land spreading, apply a grazing interval - minimum 6 months recommended.

Other actions taken:

|  |
| --- |
|  |

1. **Actions taken with Downer Cows –**

When is vet notified?

Euthanasia decision tree

|  |
| --- |
|  |

1. **Hobbles/Shackles policy –**

Where is the date/reason for application noted

What frequency are checks made to ensure not causing sores on legs/udder

When is vet notified

Euthanasia decision tree

|  |
| --- |
|  |

1. **Euthanasia/ on-farm killing**

Document the methods used and names of who carries out euthanasia.

|  |  |  |
| --- | --- | --- |
| **Animal Type** | **Method Used** | **Person who carries it out** |
| **Youngstock** |  |  |
| **Adult stock** |  |  |

**Methods of Disposal:**

1. **Other Disease and Management Problems**

|  |  |
| --- | --- |
| **Condition** | **Prevention/Treatment Measures (including products used and withdrawal periods)** |
|  |  |
|  |  |
|  |  |
|  |  |