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**Beef and Lamb Health Plan**

|  |  |
| --- | --- |
| **Farm Name** |  |
| **Veterinary Practice Details** |  |
| **Nominated Vet**  |  |
| **Relevant persons** |
| **Foot Trimmer** |  |
| **Nutritionist**  |  |
| **Medicine Administration**  |  |
| **Shearer** |  |
|  |  |
|  |  |
| **Species plan applies to**  | Cattle | Sheep |
| **Type and number of Livestock covered by the plan** | Breeding Youngstock StoresFinishing | EwesRamsLambs |
| **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: |
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**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, Vaccinations and parasite control**

This section may be completed as a table or in a calendar format. Document the routine vaccinations and parasite treatments undertaken.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of stock** | **Vaccine/ Treatment used** | **Disease/ Parasite targeted** | **Timing** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

OR

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Category of Stock** | **Vaccine/ Treatment Used or Action taken** | **Disease or Parasite Targeted** |
| **Jan** |  |  |  |
| **Feb** |  |  |  |
| **Mar** |  |  |  |
| **Apr** |  |  |  |
| **May** |  |  |  |
| **Jun** |  |  |  |
| **Jul** |  |  |  |
| **Aug** |  |  |  |
| **Sep** |  |  |  |
| **Oct** |  |  |  |
| **Nov** |  |  |  |
| **Dec** |  |  |  |

**3. Footcare and Lameness Management**

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

**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** |
|  | Control:Treatment: |  |  |
|  | Control:Treatment: |  |  |
|  | Control:Treatment: |  |  |
|  | Control:Treatment: |  |  |
|  | Control:Treatment: |  |  |
|  | Control:Treatment: |  |  |

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

**4. Mastitis**

Describe method (s) of detection and treatment:

|  |
| --- |
|  |

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. **Youngstock Management**

Document the actions undertaken to ensure calves/ lambs receive adequate colostrum and document any husbandry procedures undertaken

|  |  |
| --- | --- |
| **Youngstock management****i.e. water and feed provision, group housing** |  |
| **Colostrum – Calves**  | Quantity |  |
| Quality  |  |
| Timeframe |  |
| Method of feeding |  |
| Alternative source (frozen, powdered etc) |  |
| **Colostrum – Lambs** | Quantity |  |
| Quality  |  |
| Timeframe |  |
| Method of feeding |  |
| Alternative source (frozen, powdered etc) |  |

1. **Husbandry Procedures**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Species** | **Type and age of stock** | **Task** | **Person\*** | **Method** | **Anaesthetic used** | **Analgesic used** |
| **Cattle** |  | Disbudding |  |  |  |  |
|  | Dehorning |  |  |  |  |
|  | Castration |  |  |  |  |
|  | Removal ofsupernumerary teats |  |  |  |  |
|  |  |  |  |  |  |
| **Sheep** |  | Castration  |  |  |  |  |
|  | Tail Docking  |  |  |  |  |
|  |  |  |  |  |  |

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

1. **Identifying Treated Animals**

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

|  |
| --- |
|  |

1. **Actions for Dealing with Confirmed TB Reactors**

*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).

Other actions taken:

|  |
| --- |
|  |