**

Farm and health plan guidance - Dairy

* It is not compulsory to use this template to produce your farm and health plan. However, theCertified Animal Welfare Approved by AGW standards require a farm and health plan for livestock enterprises. If you do not wish to use this template, it should provide the basic structure for any other farm or health plan submitted.
* This document should be reviewed and updated whenever changes are made or at least annually.

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| Name, address and contact number |
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###### Cattle management

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| DAIRY COWS |
|  |
| **Name of person/people responsible for cows** |
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| **Breed/breeds of cows in herd** |
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| **Reason for breed choice, suitability of breed for farm** |
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| Production targets |
| Actual and target number of cows in herd |  |
| Actual and target number of calves per year |  |

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| **Calving** |
| Season of calving (Please tick appropriate box) |
| Spring |  |
| Autumn |  |
| All Year  |  |
| **Number of difficult/assisted calvings in this 12 month period** |  |

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| **Replacements** |
| Are your replacements home bred? | Yes |  | No |  |
| Are your replacements bought in? | Yes |  | No |  |

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| Herd age and culling |
| Average age of cows |  |
| Cows culled per year (number or percentage) |  |
| Reasons for culling cows (e.g. barren, poor performance, etc.) |
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| **Breed/breeds of bulls used** |
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| Do you use AI? | Yes |  | No |  |
| Do you have breeding bulls on the farm? | Yes |  | No |  |
| If you have bulls on the farm please complete details below |
| Are the bulls housed? | Yes |  | No |  |
| If yes, what area is available to each bull (sq. ft. or m2) |  |
| Do they have access to pasture? | Yes |  | No |  |
|  |
| Do they have access to a run? | Yes |  | No |  |

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| Housing  |
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| **Breeding herd** (Please state type of housing/shelter used – if any) |
|  |
| Please state the average number of cows per group |  |
| Total lying area available (sq. ft. or m2) |  |
| Total area available per cow (sq. ft. or m2) |  |
| What type of bedding is used? |
|  |

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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |   | No |  |
| If no, please detail how water is provided to the cattle and how often this is done |
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| Feeding |
| Details of breeding herd rations (concentrate/forage) |
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| Replacement heifers |
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| Name of person/people responsible for young stock |
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| Calving heifers |
| Minimum age at calving |  |
| Minimum weight or withers height at service |  |
| Minimum condition score at service |  |
| Minimum condition score at calving |  |
| Breed of bull(s) to be used on heifers |  |
| Time of calving (Please tick appropriate box) |
| Spring |  |
| Autumn |  |
| Year Round |  |

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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how water is provided to the youngstock and how often this is done |
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| --- |
| Feeding |
| Details of youngstock rations (concentrate/forage) |
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| --- |
| Housing  |
|  |
| **Replacements** (Please state type of housing/shelter used – if any) |
|  |
| Please state the average number of heifers per group |  |
| Total lying area available (sq. ft. or m2) |  |
| Total area available per heifer (sq. ft. or m2) |  |
| What type of bedding is used? |
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| CALVES |
|  |
| **Name of person/people responsible for calf health** |
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| Navel treatments used |
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| **How long are calves allowed to suckle on their dams?** |  |
| **If calves cannot suckle:**  |
| How much colostrum is given? |  |
| For how long are they given colostrum? |  |

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| Method of calf rearing |
|  |  |
| Suckled by dam |  |
| Multi-suckled |  |
| Bucket reared |  |
| Other (Please state) |  |
| What are your emergency calf rearing precautions? (Please state) |
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| Disbudding |
| Name of competent person to carry out disbudding |  |
| At what age is disbudding carried out? |  |
| How is disbudding carried out? |
|  |
| Is anaesthetic used for disbudding? |  |
| Castration |
| Are bull calves castrated? | Yes |  | No |  |
| If yes, is an anaesthetic used? | Yes |  | No |  |
| Please state the method of castration used |
|  |
| Weaning |
| Age of weaning  |  |
| Is fence line weaning used? | Yes |  | No |  |
| Is two step weaning used? | Yes |  | No |  |
| Please detail how stress for the cow and calf is minimised at weaning |
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| **Housing** |
| Are calves housed individually in pens? | Yes |  | No |  |
| If yes, for how long are calves in individual pens? |  |
| What area is available to the calves in pens (sq. ft. or m2/animal)? |  |
| When calves are housed in groups, what area is available (sq. ft. or m2/animal)? |
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| At what age are calves turned out? |  |

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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how water is provided to the calves and how often this is done |
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| Feeding – Calf Rations |
| 0-3 months |
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| 3-6 months |
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| 6-12 months |
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## HERD HEALTH

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| FERTILITY AND REPRODUCTIVE DISORDERS |

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| What were the main causes of fertility and reproductive disorders in the herd? |
| Cause:  |
| Treatments used |
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| Prevention measures  |
|  |

Date completed: License Number:

Date last reviewed:

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| LAMENESS |

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| **What were the main causes of lameness in the herd?** |
| Cause: Please state |
| Treatments used |
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| Prevention measures  |
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| MASTITIS  |
|  |  |  |  |  |
| Are individual cow somatic cell counts recorded? | Yes |  | No |  |
| Are samples taken to find bacteriological causes of mastitis? | Yes |  | No |  |
| Average herd cell count (if known) |  |
| Cases of mastitis per year – number or percentage of herd |  |
| Most prevalent type of mastitis seen |  |

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| Please state methods of treatment used for mastitis |
|  |
| Please state prevention measures adopted against mastitis |
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| METABOLIC AND OTHER DISORDERS |
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| What were the main causes of fertility and reproductive disorders in the herd? (Please complete appropriate box/boxes) |
| Milk Fever  |
| Treatments used |
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| Prevention measures  |
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| Staggers |
| Treatments used |
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| Prevention measures  |
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| Bloat |
| Treatments used |
|  |
| Prevention measures  |
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| CONTAGIOUS DISEASE STATUS OF HERD |
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| Has the herd ever been tested positive for any of the following contagious diseases? |
| Bovine Viral Diarrhoea (BVD) | Yes |  | No |  |
| Infectious Bovine Rhinotracheitis (IBR) | Yes |  | No |  |
| Leptospirosis | Yes |  | No |  |
| Johne’s disease | Yes |  | No |  |
| Bovine tuberculosis (TB) | Yes |  | No |  |
| Other (Please state) |
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| VACCINATION POLICY |
| Do you vaccinate for any of the following ? |
| Lungworm | Yes |  | No |  |
| Bovine Viral Diarrhoea (BVD) | Yes |  | No |  |
| Infectious Bovine Rhinotracheitis (IBR) | Yes |  | No |  |
| Leptospirosis | Yes |  | No |  |
| Calf Diarrhoea | Yes |  | No |  |
| Blackleg | Yes |  | No |  |
| Other (Please state) |
|  |

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| ECTOPARASITES (for example: lice, mange, flies) |
|  |
| Please state the type of parasites found |
|  |
| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
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| INTERNAL PARASITES  |
|  |
| Please state the type of parasites found (e.g. roundworm, fluke) |
|  |
| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
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| LUNGWORM (HUSK) |
|  |
| Treatment |
| Please state treatments used |
|  |
| Prevention |
| Please state prevention measures adopted |
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**Health management**

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| Injury to cattle |
| Detail any injuries found on cattle on farm  |
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| Please state treatments used |
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| On farm euthanasia |
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| Please detail for each class of bovine below the method of euthanasia used on farm and the reasons they have been used in the last 12 months |
| Cows and bulls |
| Reasons for euthanasia (e.g. incurably lame animals) |
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| Procedure |
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| Calves pre weaning |
| Reasons for euthanasia (e.g. deformity) |
|  |
| Procedure |
|  |

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| Calves/cattle post weaning |
| Reasons for euthanasia (e.g. animal with broken leg) |
|  |
| Procedure |
|  |

Date plan completed:

Date plan due for review: