**ANNUAL REVIEW OF HEALTH AND PERFORMANCE RECORDS**

**FARM NAME:**

**DATE: From……………..To………………..**

Health and performance should be monitored on an ongoing basis. The scheme requires the table below to be completed **annually**. It requires the collation of incidence of conditions and information from various health and performance records. There is no direct impact on certification if incidence of a health issue is high and there is evidence that these issues are being acted upon.

This section, once completed, must be reviewed by a vet – this information must be accurate to be meaningful and useful in the veterinary review.

**Health and performance information that must be collated for monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No. of cases** | | **Comments, Observations (e.g. pattern in timing, common causes)** |
| **Total** | **Per 100 cows\*** |
| **Lameness** |  |  |  |
| **Clinical Mastitis\*\*** |  |  |  |
| **Culling Rate** |  |  |  |
| **Main Reasons for culling** | **1.**  **2.**  **3.** | | |
| **Involuntary culls I.e. number of animals that died/ emergency slaughtered (on-farm)** |  |  |  |
| **Calf Mortality –**  **0-24 hours**  **(incl. stillborn)** |  | (losses per 100 cows calved) |  |
| **Calf Mortality –**  **24 hours – 42 days** |  | (losses per 100 cows calved) |  |

**\*** To determine number of cases per 100 cows, calculate: Total number of cases x 100

Total number of cows

\*\* When counting up the number of recorded cases:

1. Only include cases of clinical mastitis which can be identified on the basis of the relevant clinical signs, which include: observable changes in the cow’s milk (e.g. altered milk colour or consistency and/or the presence of clots, flecks/flakes, or pus in the milk); and/or observable changes to the cow’s udder (e.g. swelling, reddening, hardening, and the udder being hot or painful to touch) - which may or may not be accompanied by general signs of illness, such as increased body temperature, lack of appetite, depression etc. You should not include instances of subclinical mastitis (i.e. cases of high milk somatic cell count without any of the above clinical signs) or dry cow therapy treatments
2. Count cases at the cow rather than the udder quarter level, i.e. if a cow has two affected quarters this should be counted as a single case
3. Use the 7 day rule to identify a ‘new case’ in a previously affected cow: if mastitis clears up and then recurs in the same cow after a period of 7 or more days count this as a new case. If it recurs sooner than this, however, it should be thought of as a recurrence of the previous case (regardless of which quarter is affected) and therefore not counted a second time.

**COMPLETED BY:**

Name: Role on farm:

Declaration:

The information recorded above is, to the best of my knowledge, is accurate and a true reflection of incidences on the farm. Relevant records, including the health plan, have been provided to the vet to undertake the annual herd health and performance review.

Signed: (farmer/ herdsperson) Signed: (vet)

Date: Date:

***Health and performance information - recommended collation for monitoring***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Number of cases*** | | ***Farm***  ***Target (s)*** | ***Comments, Observations*** |
| ***Total*** | ***/ 100 cows*** |
| *Health and Welfare* | | | | |
| *Mobility Scoring –*  *Score 2 and 3 cows*  *(impaired and severely impaired mobility)* |  |  |  | *Number of cows scored =*  *Date of most recent scoring = / /* |
| *Milk Fever* |  |  |  |  |
| *Hypomagnesaemia*  *(staggers)* |  |  |  |  |
| *Retained Foetal*  *Membranes* |  |  |  |  |
| *No. of assisted calvings* |  |  |  |  |
|  |  |  |  |  |
| *Survivability and Productivity* | | | | |
| *Fertility Parameters*   * *Days to 1st service* * *Conception Rate (%)* * *Calving Interval (days)* * *Females reaching second calving* |  |  |  |  |
| *Average Number*  *Of Lactations* |  |  |  |  |
| *Av. Milk Yield (state whether yield is related to days, lactation etc).*   * *Cows* * *Heifers* |  |  |  |  |
| *Av Milk Quality (12 months)*   * *Butterfat %* * *Protein %* * *Bactoscan* * *Somatic Cell Count* * *Urea* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

**HEALTH AND PERFORMANCE REVIEW, INCORPORATING ANTIBIOTIC REVIEW**

**FARM NAME:**

**VET REVIEW OF DATA AND RECOMMENDATION OF ACTIONS/ PRIOIRTY AREAS**

This section must be completed by a vet at least **annually**. As part of the review, the vet may need access to the records that have been used to collate data (e.g. medicine records, milk records etc).

1. I have reviewed herd health plan and health and performance records related to:

* Lameness [ ]
* Mastitis [ ]
* Culling and mortalities [ ]
* Other diseases and conditions (where available) [ ]

(State any others seen)……………………………………………..

1. I have discussed engagement with BVD initiatives and Johne’s initiatives and ensured these

are part of the health plan [ ]

1. And as part of the review I have inspected:

* Cows in milk [ ]
* Calves [ ]
* Dry Cows [ ]
* Other youngstock [ ]
* Stock bulls [ ]
* other (list) ………………………………………………………….

1. And recommend that the following priorities are acted upon within the specified timeframe:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Priority | Actions to address | Complete by (timeframe) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. I have reviewed the medicine records, including the antibiotic collation [ ]
   * I have discussed the use of Highest Priority Critically Important Antibiotics [ ]
   * A review of any cascade use has been undertaken [ ]
   * I have reviewed antibiotic failures (where applicable) [ ]
   * I have reviewed the use of dry cow therapy and protocols and made
   * recommendations for selective antibiotic use if appropriate [ ]
   * Any preventative treatments undertaken have been reviewed and potential alternative strategies have been discussed [ ]
2. And recommend that the following priorities are acted upon within the specified timeframe:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Priority | Actions to address | Complete by (timeframe) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

The relevant sections (to these priorities) of the Herd Health Plan should also be updated.

The priorities and actions I recommend above are based upon the data and facts provided to me and the stock inspected on the day. As such the effectiveness of my recommendations could be limited by the accuracy of the information provided and whether the stock seen are a true reflection of the herd.

|  |  |
| --- | --- |
| Vet name |  |
| Vet practice |  |
| Date completed |  |