



Registration and Program Forms



Part 2

**A TEAM-BASED PROGRAM FOR
IMPROVING MILK QUALITY**

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Milk Quality Questions?

Toll Free Number: **1.866.867.6455 / 1.866.TOP.MILK**

Email: **topmilk@calshp.cals.wisc.edu**

Web Site: **www.uwex.edu/milkquality**

UW Milk Quality Team

Eileen Nelson
 Milk Quality Outreach Specialist

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 Extension Milk Quality Specialist

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 Outreach Veterinarian

Ken Bolton, UW Extension
 Team Coach

Carol Hulland
 Lab Manager



Milk Money Registration Form

To register for Milk Money please fill in the following information:

First Name: _____ Last Name: _____

Farm Name: _____ Herd Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ County: _____

Email: _____ Fax: _____

Team Facilitator Name: _____ **Check box if you need help finding a facilitator**

Date: _____

Milk Money Program Resources Include:

	Check those you would like to have	Who should we send this to?
1. Bulk Tank Culture Sample Submission Kit <i>* We recommend you submit this prior to your first meeting</i>		
2. One on-farm visit from our Milk Money support veterinarian <i>* Call 1-866-867-6455 to schedule</i>		
3. Milk cultures for up to 20 individual cows		
4. Wisgraph support generated for Ag Source Herds <i>*Call 1-866-867-6455 to schedule.</i> <i>* Include Ag Source Herd Code and Release Code ..(Found on Herd Summary Page)</i>		
5. Dairy Comp record summary evaluation in preparation for first meeting <i>*Call 1-866-867-6455 for instructions</i>		
6. Three free months of Ag Source Udder Health Management Summary Report for Ag Source Herds <i>*Complete and return certificate</i>		
7. Milking time evaluation <i>*Call 1-866-867-6455 to schedule</i>		

Also Included:

Indicate your preference(s)

- Milking Skills Video English Version
- Milking Skills Video Spanish Version
- Milking Skills CD-ROM Version
- All Three Versions

Please return this form in enclosed envelope to:

Milk Quality Resources University of Wisconsin – Madison
Department of Dairy Science
1675 Observatory Drive
Madison, WI 53706
FAX: 1.608.263.9412
PHONE: 1.866.TOP.MILK (1.866.867.6455) E-MAIL:topmilk@calshp.cals.wisc.edu

Office Use Only	Date Registered:			Farm ID:
Bulk Tank Kit	Spanish	English	CD	Date Sent:
Wisgraph:	Dairy Comp:	Milking Evaluation:		Vet Visit:
M1	M4	Ind Cow Cult Sent	Notes:	
Date Called:				



Team Facilitator Action Item Review

- Give this form to team facilitator -

Please use the Action Item Review as a tool to help develop action items

Meeting Dates: 1. _____ 2. _____ 3. _____ 4. _____

Farm Owner _____

Have You.....? Please circle yes or no	Completed		Date adopted as part of Milk Money program
1. Registered your Milk Quality Team?	Yes	No	
2. Calculated the economic potential of improving milk quality?	Yes	No	
3. Set goals for milk quality?	Yes	No	
4. Determined if Dairy Comp, Wisgraph, or other records support needed?	Yes	No	
5. Scheduled a visit with the Milk Money Support Veterinarian?	Yes	No	
6. Reviewed DHIA (or other) milk quality records, i.e. Udder Health Mgmt Summary ?	Yes	No	
7. Calculated the clinical case rate?	Yes	No	
8. Evaluated the condition of teat ends?	Yes	No	
9. Scored the herd for udder hygiene?	Yes	No	
10. Evaluated housing of lactating cows?	Yes	No	
11. Evaluated housing of dry cows?	Yes	No	
12. Recently cultured individual cases?	Yes	No	
13. Recently performed bulk tank cultures?	Yes	No	
14. Discussed treatment protocols for mastitis?	Yes	No	
15. Reviewed usage of antibiotics?	Yes	No	
16. Set up a milking system evaluation schedule?	Yes	No	
17. Observed milking routine?	Yes	No	
18. Set up standard operating procedures (SOP) for milking?	Yes	No	
19. Set up a training program for employees?	Yes	No	
20. Discussed maintaining biosecurity for milk quality?	Yes	No	
21. Reviewed information from the "Milk Money" Manual?	Yes	No	
22. Returned forms after Meeting One and Meeting Four?	Yes	No	



Meeting One

Ensure that the following information is available at the First Meeting:

- Herd Summary Records from DHIA or similar program
- Udder Health Management Summary from DHIA
- Herd records for clinical mastitis
- Plant payment slips with latest SCC and SPC
- Premium payment structure from your milk plant

At this meeting you will...

1. Fill out the *Team Commitment Form (2-6)*.
2. Complete the *Team Member Information* form (2-7, 2-8). Remember to check the box indicating your team facilitator.
3. Calculate the *Financial Impact of Milk Quality (2-9)* to help team members understand the cost of mastitis.
4. On the *Herd Information* form (2-10), record all in attendance. Gather and record core herd information for Meeting One. Notice that there are spaces for the team to add additional monitoring items that are specific for your goals.
5. Complete the *Management Questionnaire (2-11)* to give all team members a better understanding of current farm practices.
6. Using the *Milk Quality Goal Setting* page (2-12), identify factors that need to be addressed to improve Milk Quality on your farm.
7. Using the *Milk Money Action Plan* page (2-13), plan your Milk Quality Program by developing action plans to accomplish before the next meeting. These actions should help you reach our Milk Quality Goals
8. Set the date, time and location for Meeting Two and record it on the *Herd Information* page (2-10).
9. Team facilitators should review the *Action Item Review Checklist (2-4)* to help develop actions and guidance for the Milk Money Team process.
10. **Return the Original (white copy) of the following** in the self-addressed envelope provided:
 - a. List of Team Members (2-7)
 - b. Financial Impact of Milk Quality (2-9)
 - c. Herd Information (2-10)
 - d. Management Questionnaire (2-11)
 - e. Milk Quality Goal Setting (2-12)
 - f. Milk Money Action Plan (2-13)



Milk Money Team Commitment

As a participant in the Milk Money program and a member of a Milk Quality Team on the _____ Farm, I agree to:

- **Respect the confidential nature of these meetings and not discuss these matters elsewhere.**
- Attend all scheduled monthly meetings (four).
- Gather and prepare information before the meeting as requested.
- Follow action plan designed by our milk quality team.
- Give feedback to other team members in a timely fashion.

_____	_____
(Team Member Signature)	(Date)
_____	_____
(Team Member Signature)	(Date)
_____	_____
(Team Member Signature)	(Date)
_____	_____
(Team Member Signature)	(Date)
_____	_____
(Team Member Signature)	(Date)
_____	_____
(Team Member Signature)	(Date)
_____	_____
(Team Member Signature)	(Date)

In addition to the above listed items, as the team facilitator I agree to:

- Facilitate meetings and accurately record information on program forms.
- Return original copies (white) of all Meeting One and Meeting Four forms in a timely manner, as well as the second sheet (yellow) of Meeting One forms after Meeting Four.

_____	_____
(Facilitator Signature)	(Date)

Please keep this form in your Milk Money Binder



Team Member Information

Meeting One Date _____ Farm _____

Check the box by the person who will be the team facilitator.

 Producer Information

Owner Name(s): _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

Email _____ Fax _____

 Veterinarian Information

Name: _____

Clinic Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

Email _____ Fax _____

 Dairy Field Representative Information

Name: _____

Dairy Representing: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

Email _____ Fax _____

 University of Wisconsin Extension Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

Email _____ Fax _____

★Send in original of this form after first meeting

Team Member Information (Continued)

Additional Team Information

 Milking Equipment Consultant

Name: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

Email _____ Fax _____

 Nutritional Consultant

Name: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

Email _____ Fax _____

 Other

Name: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

Email _____ Fax _____

 Other

Name: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

Email _____ Fax _____

 Other

Name: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County _____

★Send in original of this form after first meeting

Financial Impact of Milk Quality

Meeting One Date _____ Farm _____

1. Production Losses Due to Subclinical Mastitis Check if no SCC data available

There are separate formulas for calculation for production loss due to subclinical mastitis.

- For heifers the goal Average Linear Score is 2.0 and the annual Loss per linear score above that is 200 lbs.
- For cows the goal Average Linear Score is 2.5 and the annual Loss per linear score above that is 400 lbs.

A. Calculate pounds lost for 1st lactation cows

No. Head _____ x [(_____)Avg. Linear Score - 2.0] x 200 lb. Milk= _____ lbs. milk lost

B. Calculate pounds. milk lost for 2+ lactation cows

No. Head _____ x [(_____)Avg. Linear Score - 2.5] x 400 lb. Milk _____ lbs. milk lost

A + B = annual _____ total lbs. milk lost

C. Calculate Monthly Production Loss Due To Subclinical Mastitis

(Milk Price/lb. _____ x Total lbs. milk lost _____)/12 =

Current Monthly Production Lost = \$ _____

2. Opportunity From Milk Quality Premiums

Your SCC Goal _____

Premium opportunity information needs to come from the processor who is buying your milk.

A. Calculate potential premium difference

Max. SCC premium @ goal _____ \$/cwt.

Current SCC Premium _____ \$/cwt.

Potential premium difference _____ \$/cwt.

B. Calculate monthly premium opportunity

Avg. cwt. milk shipped/month _____

x Potential premium difference _____

Current Monthly Premium Opportunity = \$ _____

Estimated losses from clinical mastitis: How much does a clinical case cost on your dairy?

Loss to clinical mastitis is a calculation of actual expenditures of the average drugs and culturing, milk out of the tank and the veterinary and labor expense for each individual case of mastitis. It does not take into account any costs related to fertility, culling, long term production loss or other less visible costs. It also does not assume an expected incidence rate.

A. Average cost of drugs and culturing per clinical case (include oxytocin and fluid costs) (A)\$ _____

B. Average cost of discarded milk
 (# days _____ x _____ lbs/milk/day x _____ milk price/lb) (B)\$ _____

C. Average veterinary and labor costs per clinical case (C)\$ _____

A + B + C = Total cost per case \$ _____

Number of clinical cases last month _____

Number Clinical Cases x Total Cost Per Case = Current Monthly Cost = _____
Loss From Clinical Mastitis = \$ _____

★Send in original of this form after first meeting



Herd Information

Use this form at all four meetings

Farm _____

Meeting Dates (Enter the number of team members present at each meeting)

Meeting One Date _____ **Set Meeting Two Date** _____
 Farm Owner _____ Farm Employees _____ Vet _____ Dairy FR _____ UWEX _____ Milking Equip. _____ Other _____

Meeting Two Date _____ **Set Meeting Three Date** _____
 Farm Owner _____ Farm Employees _____ Vet _____ Dairy FR _____ UWEX _____ Milking Equip. _____ Other _____

Meeting Three Date _____ **Set Meeting Four Date** _____
 Farm Owner _____ Farm Employees _____ Vet _____ Dairy FR _____ UWEX _____ Milking Equip. _____ Other _____

Meeting Four Date _____
 Farm Owner _____ Farm Employees _____ Vet _____ Dairy FR _____ UWEX _____ Milking Equip. _____ Other _____

Herd Information (Use most current DHIA monthly information, plant slips, farm records to complete)

Enter Actual Meeting Dates → 1- _____ 2- _____ 3- _____ 4- _____

• From milk plant slips

Monthly milk shipped: _____
 Milk per cow per day: _____
 Average bulk tank SCC (x 1000): _____
 Maximum SPC (x 1000): _____
 % Fat: _____
 % Protein: _____
 Add Your Own Monitor: _____

• From DHIA SCC summary records

% Linear Score ≥ 4 for all cows: _____
 % New subclinical cases on current test: _____
 % Linear Score ≥ 4 , Lact = 1, DIM = 1-45: _____
 % Linear Score ≥ 4 , Lact >1 , DIM = 1-45: _____
 Add Your Own Monitor: _____

• From DHIA Herd summary records

Rolling Herd Ave: _____
 Total number milking cows: _____
 Number milking cows in 1st lactation: _____
 Average days in milk: _____
 Add Your Own Monitor: _____

• From farm records (last 30 days)

Total number clinical mastitis cases found: _____
 Number of cows that were treated: _____
 Average duration of milk discard (days): _____
 Number of cows culled for mastitis: _____
 Total Number of cows culled: _____
 Add Your Own Monitor: _____

➔ **Is there anything else that needs to be brought to a meeting (i.e. records, people)?**

★ Send in original of this form after first meeting



Management Questionnaire

Meeting One Date _____ Farm _____

QUESTION		RESPONSE																					
1.	What type of milking facility do you have? (circle one)	Pit Parlour	Stall Barn	Flat Barn																			
2.	Do you have concerns about your milking system?	___No ___ Yes		List: _____																			
3.	In the past year, how often was the milking system analyzed during milking?	Never	Once																				
4.	How many units are used to milk?	_____																					
5.	How many people milk each milking?	_____																					
6.	How many people milk on the farm during each month?	_____																					
7.	How many times are cows milked each day? (circle one)	2x	3x																				
8.	What are your milking times? <i>Include only time from when the first unit is put on a cow until the last unit comes off.</i>	Start:	Finish:																				
		Start:	Finish:																				
		Start:	Finish:																				
9.	Do the milkers wear gloves during milking? (circle one)	Never	Sometimes	Always																			
10.	Indicate the ORDER of the steps in the milking routine used on your farm. (If you do not use a step, put a zero by it.)	<table border="1"> <thead> <tr> <th>Milking Step</th> <th>Order</th> </tr> </thead> <tbody> <tr> <td>Strip out foremilk</td> <td></td> </tr> <tr> <td>Pre-dip (dip, spray or foam)</td> <td></td> </tr> <tr> <td>Wash udder with sanitizer</td> <td></td> </tr> <tr> <td>Dry teats</td> <td></td> </tr> <tr> <td>Attach Milk Units</td> <td></td> </tr> <tr> <td>Post-dip (dip or spray teats)</td> <td></td> </tr> <tr> <td>Hand strip after milking</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> </tbody> </table>				Milking Step	Order	Strip out foremilk		Pre-dip (dip, spray or foam)		Wash udder with sanitizer		Dry teats		Attach Milk Units		Post-dip (dip or spray teats)		Hand strip after milking		Other:	
Milking Step	Order																						
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Dry teats																							
Attach Milk Units																							
Post-dip (dip or spray teats)																							
Hand strip after milking																							
Other:																							
11.	Do you use automatic take-offs (ATOs)?	Yes	No																				
12.	What is used to dry udders? (circle one)	Paper towels (1 per cow)	Cloth towels (1 per cow)																				
		Paper or cloth (1 per 2 cows)	Other: _____																				
13.	What is the frequency of training program for milkers?	Never	Only When Hired																				
		Monthly	_____/Year																				
14.	Do you use a CMT Paddle?	Yes	No																				
15.	Do you have a WRITTEN milking routine?	Yes	No																				
16.	Do you use intramammary antibiotics for dry treatment? (circle one)	All quarters of all cows		Selected cows																			
		No dry treatment																					
17.	Do you keep a record of clinical mastitis cases?	Yes	No	Only until milk is good																			
18.	Do you review individual cows SCC records each month?	Yes	No	Only when there is a problem																			
19.	Do you regularly plan milk quality programs with your vet?	Yes	No																				
20.	Do you discuss milk quality issues with your milk plant field rep?	Yes	No																				
21.	Do your field rep and vet regularly meet to discuss improving milk quality on your farm?	Yes	No																				
22.	In the past year, how often have bulk tank cultures been performed? (circle one)	Never	Monthly																				
		Quarterly	_____/year																				
23.	Are clinical cases of mastitis cultured? (circle one)	All cases cultured		Selected cases cultured																			
a.	Is culturing done on farm? Yes No	No cases cultured																					
24.	In the last year has Mycoplasma been detected on your farm?	Yes	No	Never tested																			
25.	How many people treat cases of mastitis on your farm?	_____																					
26.	Do you have written treatment protocols for clinical mastitis?	Yes	No																				
27.	Are dry cows housed in a clean, dry place?	Yes	No	Sometimes																			
28.	Are sick cows and fresh cows housed together?	Yes	No	Sometimes																			
29.	What percent of lactating cow's udders are dirty?	0-5%	6-15%	16-25%	>25%																		
30.	Is Orbeseal® Teat Sealant used?	Yes	No	Sometimes																			
31.	Are heifers treated with intramammary antibiotics before calving?	Yes	No	Sometimes																			

★Send in the original of this form after first meeting



Milk Quality Goal Setting

Use this form at all four meetings

Meeting One Date _____ Farm _____

Discuss with your team:

What factors need to be addressed to improve milk quality on your farm?
(Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Milker Training | <input type="checkbox"/> Treatment Protocols & Drug Usage | <input type="checkbox"/> Contagious Mastitis |
| <input type="checkbox"/> Milking Routine | <input type="checkbox"/> Dry Cow Program | <input type="checkbox"/> Environmental Mastitis |
| <input type="checkbox"/> Milking System | <input type="checkbox"/> Fresh Cow Program | <input type="checkbox"/> Clinical Mastitis |
| <input type="checkbox"/> Cow and/or Parlor Hygiene | <input type="checkbox"/> Teat End Quality | <input type="checkbox"/> Subclinical Mastitis |
| <input type="checkbox"/> Other (Please List) _____ | | <input type="checkbox"/> Maintaining Low Bacteria Counts |

List No more than three goals and completion dates

Goal	Describe Each Goal	Target Date to Complete Goal	How will results be evaluated?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

★ Come back to this form at each meeting to review and modify original goals as needed

Meeting 2 - Review Team Goals:

Do any milk quality goals need to be changed or added? Yes No
If yes, please explain:

What progress toward your farm milk quality goals has been made? _____

Meeting 3 - Review Team Goals:

Do any milk quality goals need to be changed or added? Yes No
If yes, please explain:

What progress toward your farm milk quality goals has been made? _____

Meeting 4 - Review Milk Quality Goals:

Have the goals from Meeting One been met? Place a check in the appropriate box.

OUTCOMES

Goals	Completed	Progress Made	No Progress Made	Dropped Goal
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

★ Send in original of this form after first meeting and second copy after fourth meeting

Milk Money Action Plan

Use this form at all four meetings

Farm _____

★ List Actions intended to achieve Milk Quality Goals and Assign Responsibility for Completion

Action No.	Meeting One Actions	Who is responsible?	Is Action Completed by Meeting 2?	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Two

Action No.	Meeting Two Actions	Who is responsible?	Is Action Completed by Meeting 3?	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Three

Action No.	Meeting Three Actions	Who is responsible?	Is Action Completed by Meeting 4?	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Four *(fill in if your team will continue)*

Action No.	Meeting Four Actions	Who is responsible?
1.	_____	_____
2.	_____	_____
3.	_____	_____

★ Send in the original of this form after first meeting



Meetings Two and Three

Ensure that the following information is available for Meetings Two and Three:

- Herd Summary Records from DHIA or similar program
- Udder Health Management Summary from DHIA
- Herd records for clinical mastitis
- Fresh cow summary report
- Plant payment slips with latest SCC and SPC
- Premium payment structure from your milk plant

At these meetings you will...

1. Use the *Herd Information* form **(2-10)** to update core information for Meeting Two and Meeting Three.
2. Use the *Milk Money Action Plan* **(2-13)** to:
 - a. Record progress on last month's actions
 - b. Create an action plan for next month
 - c. Decide if any actions should be performed on a periodic basis and record them on the *Long Term Action List* **(2-16)**.
3. Use the *Milk Quality Goal Setting* page **(2-12)** to review team goals and consider whether goals need to be added or changed.
4. Use the *Herd Information* form **(2-10)** to set the date, time and location for the next meeting.

Meeting Four

Ensure that the following information is available at Meeting Four:

- Herd Summary Records from DHIA or similar program
- Udder Health Management Summary from DHIA
- Herd records for clinical mastitis
- Plant payment slips with latest SCC and SPC
- Premium payment structure from your milk plant

At this meeting you will...

1. Use the *Herd Information* form **(2-10)** to update core information for Meeting Four.
2. Use the *Milk Money Action Plan* **(2-13)** to:
 - a. Record progress on last month's actions
 - b. Create an action plan for the next meeting if one is scheduled.
 - c. Decide if any actions should be performed on a periodic basis and record them on the *Long Term Action Plan* **(2-16)**.
3. Use the *Milk Quality Goal Setting* page **(2-12)** to review team goals and consider whether goals need to be added or changed.
4. Complete the *Management Questionnaire - Meeting Four* **(2-17)**.
5. Using *Financial Impact of Milk Quality* **(2-18)** review and compare how the monthly costs of mastitis have changed during the program.
6. Evaluate the Milk Money Process and Progress for your dairy **(2-18)**.
7. On the *Milk Quality Long Term Action Plan* **(2-16)** develop a new action plan and set the date, time and location for the next meeting, if the team plans to continue to meet.
8. Return ORIGINAL (white) copies of Meeting Four forms, and the second (yellow) copy of earlier forms used in the self-addressed stamped envelope.
 - a. Meeting Four Forms:

2-16: Milk Quality Long Term Action Plan
2-17: Management Questionnaire Meeting Four
2-18: Financial Impact of Milk Quality Meeting Four

(Return Originals)
 - b. Meeting 1-3 Forms:

2-10: Herd Information Form
2-12: Milk Quality Goal Setting
2-13: Milk Money Action Plan

(Return Second Sheet)



Milk Quality Long Term Action Plan

Farm _____

There may be some actions that need to be repeated and some that need to be scheduled regularly. When actions are reviewed and these are determined, transfer them to this Long Term Action Plan.

Action No.	What will be done?	Who will be responsible for this task?	Frequency?
1.			
2.			
3.			
4.			
5.			
6.			

Will your team continue to meet? ___Yes ___No

Meeting 5 (If team plans to continue to meet.)

Date _____ Time _____ Location _____

More Program Forms

If your Milk Quality team plans to continue to meet, contact us for more program forms at 1-866-TOP-MILK, or visit the web site <http://www.uwex.edu/milkquality/Programs/index.htm> and make copies.

Additional Meeting Notes:

★Send in original of this form after fourth meeting



Management Questionnaire - Meeting Four

Meeting Four Date _____

Farm _____

QUESTION		RESPONSE																					
1.	What type of milking facility do you have? (circle one)	Pit Parlor	Stall Barn	Flat Barn																			
2.	Do you have concerns about your milking system?	___No ___ Yes List: _____																					
3.	In the past year, how often was the milking system analyzed during milking?	Never	Once																				
4.	How many units are used to milk?	_____/year																					
5.	How many people milk each milking?	_____																					
6.	How many people milk on the farm during each month?	_____																					
7.	How many times are cows milked each day? (circle one)	2x	3x																				
8.	What are your milking times? <i>Include only time from when the first unit is put on a cow until the last milk comes off.</i>	Start:	Finish:																				
		Start:	Finish:																				
		Start:	Finish:																				
9.	Do the milkers wear gloves during milking? (circle one)	Never	Sometimes	Always																			
10.	Indicate the ORDER of the steps in the milking routine used on your farm. (If you do not use a step, put a zero by it.)	<table border="1"> <thead> <tr> <th>Milking Step</th> <th>Order</th> </tr> </thead> <tbody> <tr> <td>Strip out foremilk</td> <td></td> </tr> <tr> <td>Pre-dip (dip, spray or foam)</td> <td></td> </tr> <tr> <td>Wash udder with sanitizer</td> <td></td> </tr> <tr> <td>Dry teats</td> <td></td> </tr> <tr> <td>Attach Milk Units</td> <td></td> </tr> <tr> <td>Post-dip (dip or spray teats)</td> <td></td> </tr> <tr> <td>Hand strip after milking</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> </tbody> </table>				Milking Step	Order	Strip out foremilk		Pre-dip (dip, spray or foam)		Wash udder with sanitizer		Dry teats		Attach Milk Units		Post-dip (dip or spray teats)		Hand strip after milking		Other:	
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11.	Do you use automatic take-offs (ATOs)?	Yes	No																				
12.	What is used to dry udders? (circle one)	Paper towels (1 per cow)	Cloth towels (1 per cow)																				
		Paper or cloth (1 per 2 cows)	Other: _____																				
13.	What is the frequency of training program for milkers?	Never	Only When Hired																				
		Monthly	_____/Year																				
14.	Do you use a CMT Paddle?	Yes	No																				
15.	Do you have a WRITTEN milking routine?	Yes	No																				
16.	Do you use intramammary antibiotics for dry treatment? (circle one)	All quarters of all cows	Selected cows																				
		No dry treatment																					
17.	Do you keep a record of clinical mastitis cases?	Yes	No	Only until milk is good																			
18.	Do you review individual cows SCC records each month?	Yes	No	Only when there is a problem																			
19.	Do you regularly plan milk quality programs with your vet?	Yes	No																				
20.	Do you discuss milk quality issues with your milk plant field rep?	Yes	No																				
21.	Do your field rep and vet regularly meet to discuss improving milk quality on your farm?	Yes	No																				
22.	In the past year, how often have bulk tank cultures been performed? (circle one)	Never	Quarterly	Monthly																			
				_____/year																			
23.	Are clinical cases of mastitis cultured? (circle one)	All cases cultured	No cases cultured	Selected cases cultured																			
a.	Is culturing done on farm? Yes No																						
24.	In the last year has Mycoplasma been detected on your farm?	Yes	No	Never tested																			
25.	How many people treat cases of mastitis on your farm?	_____																					
26.	Do you have written treatment protocols for clinical mastitis?	Yes	No																				
27.	Are dry cows housed in a clean, dry place?	Yes	No	Sometimes																			
28.	Are sick cows and fresh cows housed together?	Yes	No	Sometimes																			
29.	What percent of lactating cow's udders are dirty?	0-5%	6-15%	16-25%	>25%																		
30.	Is Orbeseal® Teat Sealant used?	Yes	No	Sometimes																			
31.	Are heifers treated with intramammary antibiotics before calving?	Yes	No	Sometimes																			

★Send in original of this form after fourth meeting

Financial Impact of Milk Quality - Meeting Four

Meeting Four Date _____ Farm _____

1. Production Losses Due to Subclinical Mastitis

Check if no SCC data available

A. Calculate pounds lost for 1st lactation cows

No. Head _____ x [(_____)Avg. Linear Score - 2.0] x 200 lb. Milk= _____ lbs. milk lost

B. Calculate pounds milk lost for 2+ lactation cows

No. Head _____ x [(_____)Avg. Linear Score - 2.5] x 400 lb. Milk _____ lbs. milk lost

A + B = annual _____ total lbs. milk lost

C. Calculate Monthly Production Loss Due To Subclinical Mastitis

(Milk Price/lb. _____ x Total lbs. milk lost _____)/12 =

Current Monthly Production Lost = \$ _____

2. Opportunity From Milk Quality Premiums

Your SCC Goal _____

A. Calculate potential premium difference

Max. SCC premium @ goal _____ \$/cwt.

Current SCC Premium _____ \$/cwt.

Potential premium difference _____ \$/cwt.

B. Calculate monthly premium opportunity

Avg. cwt. milk shipped/month _____

Potential premium difference x _____

Current Monthly Premium Opportunity = \$ _____

Estimated losses from clinical mastitis: How much does a clinical case cost on your dairy?

A. Average cost of drugs and culturing per clinical case (include oxytocin and fluid costs) (A)\$ _____

B. Average cost of discarded milk

(# days _____ x _____ lbs/milk/day x _____ milk price/lb.) (B)\$ _____

C. Average veterinary and labor costs per clinical case (C)\$ _____

A + B + C = Total cost per case \$ _____

Number of clinical cases last month _____

Number Clinical Cases x Total Cost Per Case = Current Monthly Cost = _____

Loss From Clinical Mastitis = \$ _____

Progress Toward Milk Quality Goals

1. How did your farm benefit from Milk Money? _____

2. What are the three most important management changes that helped you improve milk quality?

a.. _____

b.. _____

c.. _____

3. If goals were not met, list the most important barriers

a.. _____

b.. _____

c.. _____

4. How can the Milk Money program be improved?

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Ag Source Udder Health Management Certificate

UWEX Milk Money Program and AgSource

AgSource provides three free months of the Udder Health Management (UHM) Package to any producer enrolling in UWEX's Milk Money Program. This certificate entitles you to one free month's package. Simply give this to your AgSource field technician on test day. If you are not an AgSource member, call 1-800-236-0097 toll free to find out how using AgSource's DHI services can reduce your herd's mastitis problems and to sign-up.

If a member is not presently receiving the UHM Package, the field technician should enroll them for this option. If the member is enrolled in the options, they should be credited for the cost of the UHM Package. AgSource Direct Member technicians should send this form to AgSource's finance department so the member will be credited for the package.

Associations should also return this certificate to AgSource's finance department to be reimbursed for the option's processing credit.

Herd owner or Dairy Name: _____

AgSource Herd Code: _____

Expiration Date: _____
(Six months after signing up for Milk Money)

Association Name: _____
(If Independent Association)

Approved By: _____
(Milk Money Representative)



AgSource
Cooperative Services

A subsidiary of Cooperative Resources International