



Disease Recording Form – Adult Cattle

Please keep a record of each sick cow within 60 days after our visit to your farm, **even if they were not treated.**

1. Cow ID – If you are on DHIA, please list cow ID as it is listed with DHIA
2. Date Fresh
3. Lactation number – 1, 2, 3, 4 or greater
4. Date of Illness – Date this illness began
5. Problem – Choose one.
6. Did a veterinarian examine this case?
7. Did you treat this case?
8. What treatments were used for this case, if it was treated?
9. What was the cost for the amount of product used to treat this case, if it was treated?
10. Number of days milk was withheld from sale
11. Milk production immediately before she became sick

Cow ID	Date Fresh	Lactation Number 1 2 3 4+	Date of Illness	Problem Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other:	Vet Exam Yes No	Farmer Treat Yes No	Products Used for Treatment List up to three	Cost of Products Used	Milk Withhold from Sale days	Milk Prod. Before Sick lbs/day	60-d followup
		1 2 3 4+		Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other:	Yes No	Yes No	1. 2. 3.	1. 2. 3.	days	lbs/day	
		1 2 3 4+		Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other:	Yes No	Yes No	1. 2. 3.	1. 2. 3.	days	lbs/day	
		1 2 3 4+		Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other:	Yes No	Yes No	1. 2. 3.	1. 2. 3.	days	lbs/day	
		1 2 3 4+		Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other:	Yes No	Yes No	1. 2. 3.	1. 2. 3.	days	lbs/day	
		1 2 3 4+		Milk fever Resp Ketosis DA Diarrhea Foot Metritis Other:	Yes No	Yes No	1. 2. 3.	1. 2. 3.	days	lbs/day	



Disease Recording Form- Calves

Please keep a record of each sick calf within 60 days after our visit to your farm, **even if they were not treated.**

1. Calf ID- If calf had multiple illnesses, list each on a separate line
2. Date of Birth
3. Date of Illness – Date this illness began
4. Problem
5. Did a veterinarian examine this case?
6. Did you treat this case?
7. What products were used to treat this case, if it was treated?
8. What was the total cost for each product used to treat this case, if it was treated?

Calf ID	Date of Birth	Date of Illness	Problem		Vet Exam	Farmer Treat	Products Used for Treatment List up to three	Cost of Products Used
			Respiratory Diarrhea	Unknown Other	Yes No	Yes No	1. 2. 3.	1. 2. 3.
			Respiratory Diarrhea	Unknown Other	Yes No	Yes No	1. 2. 3.	1. 2. 3.
			Respiratory Diarrhea	Unknown Other	Yes No	Yes No	1. 2. 3.	1. 2. 3.
			Respiratory Diarrhea	Unknown Other	Yes No	Yes No	1. 2. 3.	1. 2. 3.
			Respiratory Diarrhea	Unknown Other	Yes No	Yes No	1. 2. 3.	1. 2. 3.
			Respiratory Diarrhea	Unknown Other	Yes No	Yes No	1. 2. 3.	1. 2. 3.
			Respiratory Diarrhea	Unknown Other	Yes No	Yes No	1. 2. 3.	1. 2. 3.
			Respiratory Diarrhea	Unknown Other	Yes No	Yes No	1. 2. 3.	1. 2. 3.



Mastitis Case History Recording Form

Please use this form to record information about all cases of clinical mastitis within the next 60 days, and about all milk samples sent in for culture.

1. Cow ID- If a cow has had multiple incidences of mastitis, please list each incident on a separate line.
2. Date Fresh
3. Date of Mastitis – Date this case of mastitis began
4. Severity – **S**=subclinical mastitis only, no abnormal milk
1=abnormal milk only
2=abnormal milk and swollen quarter
3=abnormal milk, swollen quarter, and cow acting sick
5. Affected quarter(s)
6. Has she ever had mastitis before? Choose any that apply.
 Yes, in a previous lactation
 Yes, during this lactation
 Yes, in this quarter
 No
7. What did you do to treat this case of mastitis?
8. How long was milk withheld from sale?

Cow ID	Lact #	Date Fresh	Date of Mastitis	Severity	Affected Quarter(s)	Previous Mastitis Choose any that apply	Treatment	Milk Withhold from Sale	Milk Prod Before Sick	60-d followup
				S 1 2 3	LF RF LR RR	Yes – Prev Lact Yes – This Qtr Yes – This Lact No		days	Lbs	
				S 1 2 3	LF RF LR RR	Yes – Prev Lact Yes – This Qtr Yes – This Lact No		days	Lbs	
				S 1 2 3	LF RF LR RR	Yes – Prev Lact Yes – This Qtr Yes – This Lact No		days	Lbs	
				S 1 2 3	LF RF LR RR	Yes – Prev Lact Yes – This Qtr Yes – This Lact No		days	Lbs	
				S 1 2 3	LF RF LR RR	Yes – Prev Lact Yes – This Qtr Yes – This Lact No		days	Lbs	
				S 1 2 3	LF RF LR RR	Yes – Prev Lact Yes – This Qtr Yes – This Lact No		days	Lbs	
				S 1 2 3	LF RF LR RR	Yes – Prev Lact Yes – This Qtr Yes – This Lact No		days	Lbs	

Culling Data Recording Form

List **all** animals (calf through adult) that leave the herd within 60 days after our visit. Include bull calves.

Animal ID	Animal Age Calf, heifer, or Lactation number	Stage of Lact: If adult Early <90 DIM Mid 90-200 DIM Late >200 DIM Dry	Reason for leaving – List up to three problems or reasons for leaving	Culled Was animal sold as dairy or beef?	Dead Died naturally, euthanized by vet, euthanized by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer
			1. 2. 3.	Dairy Beef	Died Euth by vet Euth by farmer

Veterinarian Visits

Please list all visits made by a veterinarian to your farm for 60 days after our visit, and describe the work done on that visit.

Date	What work was performed by veterinarian during visit? (choose as many as needed)	How was the visit scheduled? (choose one)
	<input type="checkbox"/> Preg checks / repro work <input type="checkbox"/> Sick animal check <input type="checkbox"/> Routine work – vaccination, dehorning etc. <input type="checkbox"/> Teaching – consulting, training, developing treatment protocols, etc. <input type="checkbox"/> Emergency	<input type="checkbox"/> Routinely scheduled visit <input type="checkbox"/> Scheduled at least 1 day before visit <input type="checkbox"/> Not scheduled in advance
	<input type="checkbox"/> Preg checks / repro work <input type="checkbox"/> Sick animal check <input type="checkbox"/> Routine work – vaccination, dehorning etc. <input type="checkbox"/> Teaching – consulting, training, developing treatment protocols, etc. <input type="checkbox"/> Emergency	<input type="checkbox"/> Routinely scheduled visit <input type="checkbox"/> Scheduled at least 1 day before visit <input type="checkbox"/> Not scheduled in advance
	<input type="checkbox"/> Preg checks / repro work <input type="checkbox"/> Sick animal check <input type="checkbox"/> Routine work – vaccination, dehorning etc. <input type="checkbox"/> Teaching – consulting, training, developing treatment protocols, etc. <input type="checkbox"/> Emergency	<input type="checkbox"/> Routinely scheduled visit <input type="checkbox"/> Scheduled at least 1 day before visit <input type="checkbox"/> Not scheduled in advance
	<input type="checkbox"/> Preg checks / repro work <input type="checkbox"/> Sick animal check <input type="checkbox"/> Routine work – vaccination, dehorning etc. <input type="checkbox"/> Teaching – consulting, training, developing treatment protocols, etc. <input type="checkbox"/> Emergency	<input type="checkbox"/> Routinely scheduled visit <input type="checkbox"/> Scheduled at least 1 day before visit <input type="checkbox"/> Not scheduled in advance
	<input type="checkbox"/> Preg checks / repro work <input type="checkbox"/> Sick animal check <input type="checkbox"/> Routine work – vaccination, dehorning etc. <input type="checkbox"/> Teaching – consulting, training, developing treatment protocols, etc. <input type="checkbox"/> Emergency	<input type="checkbox"/> Routinely scheduled visit <input type="checkbox"/> Scheduled at least 1 day before visit <input type="checkbox"/> Not scheduled in advance
	<input type="checkbox"/> Preg checks / repro work <input type="checkbox"/> Sick animal check <input type="checkbox"/> Routine work – vaccination, dehorning etc. <input type="checkbox"/> Teaching – consulting, training, developing treatment protocols, etc. <input type="checkbox"/> Emergency	<input type="checkbox"/> Routinely scheduled visit <input type="checkbox"/> Scheduled at least 1 day before visit <input type="checkbox"/> Not scheduled in advance
	<input type="checkbox"/> Preg checks / repro work <input type="checkbox"/> Sick animal check <input type="checkbox"/> Routine work – vaccination, dehorning etc. <input type="checkbox"/> Teaching – consulting, training, developing treatment protocols, etc. <input type="checkbox"/> Emergency	<input type="checkbox"/> Routinely scheduled visit <input type="checkbox"/> Scheduled at least 1 day before visit <input type="checkbox"/> Not scheduled in advance