

Dairy Practice

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I would like to welcome you again to Wisconsin. I am from Chilton which is about 70 miles north of here in Calumet County and we are a three man partnership. We live in a small community of about 3,000 people in a county of about 27,000. Our practice is about 93% dairy and the rest are small animal, swine, etc. In our practice we try to stress herd health programming. Hopefully, by doing this we are increasing the image of the veterinary profession. Almost every journal that comes out has an item where they are talking about the veterinarian's image and how we would all like to have it improved. In our practice we wear a shirt and tie. My shirt gets dirty just like yours does; my shirt is white and yours might be too if it is a T-shirt, it doesn't make any difference; in other words, we all run into dirty situations. Sometimes I take it off and sometimes I leave it on and let it get dirty. It makes me feel a little better. You probably feel a little better sitting here today dressed up and it makes you act a little more professional. **We believe in real professional conduct in our practice.** We try to stress to the client the importance of early calls. We know that there are late calls, night calls, midnight calls and what have you, but we try to stress to them to get their calls in in the morning when the work should be done. We are not there to work over supper hour or breakfast hour or some other time in the evening when we should be home with our families. We like to have as many prearranged calls as we can, and the more herd health programming you get into your practice, the more prearranged calls you are going to have, and less calls at someone else's convenience besides yours. This is your life and you have to live it. I think everyone is a lot more satisfied when things are done at their convenience rather than at someone else's. Herd health programs are no magic deal. It is nothing but standing and listening to a client who has 5,000 cows and has a problem. You can have a herd health program with a client who has 10 calves that he is trying to raise and has all kinds of troubles. He calls you out and asks you questions. You can be in a hurry and leave without answering his questions and inject them for pneumonia, etc., or you can really give him a lot of help in herd health programming in order to help him raise his

calves. Our idea of herd health programming is an idea of individual programs tailored to suit a man's problems. If this man has a mastitis problem, he is on a mastitis herd health program. If he has a fertility problem, he is on a fertility herd health program. For nutrition or immunization programs or any problem you might consider you can make a program. All of these programs fit together. Nutrition is important to fertility and mastitis—they all fit together but we work on them separately or as they are needed; we do not go to the farm and say that they are going to be hit by a super veterinarian and everything is going to happen there! We just try to discover his problems and try to solve them. When you do this you really make your practice more stimulating and exciting. I am not very old; I have not been out in practice very long and I do not know how I am going to feel 10 years from now after chasing around and doing things that all of us do out there. Sometimes I wonder how much I enjoy myself but herd health programming and taking calls at your convenience and really helping someone solve their problems stimulates me and makes me enjoy the practice a whole lot more.

In our practice we go into a lot of new ideas which we have never done before. One is bacteriology. We do our own because we now have a state laboratory here where we can get it done free of charge and it doesn't take a long time. We get good results but we do some of them ourselves and a little faster. Again, it is stimulating to us—it stimulates our mind intellectually and some of the sensitivities are a lot more help than sitting around and waiting for the results from the laboratory. We are going to set up blood chemistry laboratory tests that give us more information on our milk fever downers and some enzyme studies. Whenever I see a downer cow now and I would like information on her, I do not really know what is going on and I really do not know what I am doing. I send in a blood sample but it takes about a week and it is not always very helpful. These procedures stimulate my interest in veterinary medicine. By reading about new procedures and listening to people that are a lot more expert than I am at a meeting such as this one today, it helps me discover and formulate new ideas that may be good

or may not be any good at all. It is also very beneficial information to the client. I need a lot of stimulation!

We regularly run hemoglobin tests in anemic calves and repeat breeder cows on a hemoglobinometer. After attending some meetings I discovered that other practitioners were finding low hemoglobins. I had never heard of this before. I started checking hemoglobin levels. I do not know whether anybody knows what it means but we are out discovering something for ourselves, finding problems that someone smarter than us can work on!

Parasite studies turn out to be negative. There are no parasites in Wisconsin. People tell us that every cow is infected. However, we get all negatives so we do not run too many of them until I attended the state laboratory this summer and found out that we were having negative results because we continued to float the sample in sugar whereas if we put them in sugar and centrifuge them, we will get almost 100% positive results. Sure enough, that was true! So, if you are doing your fecal tests by flotation in sugar and getting negative results, just change your technique!

Our biggest program is infertility. We have probably 40 herds on the fertility program that we visit about once a month. It is not every four weeks and sometimes it is not every month! We do not visit every three weeks because if you visit the farm every three weeks you never get done and the cows will not be the same all the time so do not try to do that. We do a monthly examination of all postcalving cows to check when they are 30 days pregnant and again when they are 60 days pregnant to make sure everything is alright. Word gets around enough for us that we have clients coming and asking if they can get a service such as this

started on their farm. When we first started out, we had to sell this idea but we do not have to do this now. When we first started out we gave a small financial inducement to the client to have his cows examined. We gave him a little lower cost than he would normally receive. We are trying to get away from that right now since almost everyone wants to have his cows examined and we have done it cheap long enough. We know that we can provide a real service to the clients and we try to show them that we can when they suggest a problem to us. They soon see the light and very few people leave us because of failure of the program. If they do, it is for some other reason.

With regard to our mastitis program, we pay special attention to herds with serious problems. We are always going to have emergency calls. There is always going to be a fire fighter veterinarian out there unless he puts the phone down on the people that call! You will always have to fight a fire somehow but hopefully your whole life will not be devoted to it. I do not want mine to be but I will go fight fires. Just a few comments I would like to throw out to be a professional: if you see a problem, do not ignore it—try to correct it. As far as large animal medicine is concerned, when I graduated, only four people in my class went to large animal medicine; everybody wants to go into small animal medicine and I am sure gratified to see young people in this field.

I did not think that large animal practice was the coming thing; I would have been some place else, but I am quite satisfied that it is going to furnish me with all the goals that I have set in my life. I worry that we need to do something to encourage more students somewhere along the line to go into large animal medicine when they graduate, otherwise we may end up in trouble.

Feedlot Management

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Our practice is a four-man mixed practice. It involves feedlots, dairy and small animals, but today I am going to talk just about the feedlot portion. It is only about 20% of our practice and there are two types: one is the dairy farmer who is milking 40 or 50 cows and he is feeding out his own steer calves that he is raising and also

purchased another 50 to 100 steers to go along with them and he is putting them into the feedlot next to the dairy cows. I know veterinarians in Wisconsin and the Midwest are seeing more of this all the time as the value of these feeder calves keep going up in price. The second type of feedlot belongs to the client who purchased all the calves