

2. Ova Implants—Some day we will have fertilized, frozen, self-reconstituting, self-synchronizing, genetically superior eggs to put into every cow.

3. Multiple Births.

4. Sexed Semen.

5. Induced Parturition.

6. Synchronization—New Drugs.

Many of these tools which are closely related to what the profession has to offer are slipping by the profession into the hands of qualified lay personnel.

Only when the veterinarian is in a consulting

position with his clients can he share in the rewards and profits of his clients. The client is always much happier when he can see a profit and not just a call and treatment fee for an animal that will never make him a profit. It is high time to educate veterinarians, young and old, formally and practically to produce profits for their clients in meat animal businesses. I hope that the agribusiness world doesn't leave the veterinarian behind wondering whether an in clinic or ambulatory practice is more advisable, and that the veterinary profession sticks its neck out, like the turtle, to lead the way in agribusiness.

Programmed Practice in Dairy and Feedlot

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As the previous speaker questioned, "How did you get into it?" Well, you more or less *fall* into it and things become more and more hectic day after day. You do not have the time to do all the routine things you ordinarily do and I want to dwell a little more on what the previous speaker stressed: *communication*. I think this is where we fall down. If you want to get into this type of work and you are still the type of person who is treating milk fevers, you can talk to the herd owner or the herdsman about what else you can do in the way of a programmed dairy herd; for example, how to prevent milk fever; what you can do in the way of nutrition to prevent milk fever. If you are doing a lot of pregnancy checks and if he has a lot of non-pregnant cows, are you telling him that you are going to have to do something about it to get the percentage of first and second services increased or are you just pregnancy checking and forgetting the rest? I think this programmed practice encompasses everything: it includes nutrition, breed selection, preventative medicine and nutrition. I am a firm believer that through nutrition we can eliminate a lot of problems. Breed selection is another factor. I am sure that those of you in dairy and feedlot practices have seen a group of calves that come into a particular feedlot year after year and have very little sickness while another group of calves comes in to a pen right beside them and have all sorts of sickness. I think this is an inherited characteristic of disease resistance and possibly the way these animals were

handled from calthood. In our dairy herds we aim our program work toward the prevention of abortions—both from infections and from nutrition and to do this you have to include the causes of abortions from the infectious standpoint. We take care of this on our 30 to 50-day pregnancy examinations. I am becoming more and more aware that a lot of these diseases and especially the nutritional ones are started in the dry pen—if the cow is not fed right in the dry pen then she is going to calve too fat. I think you must feed this dry cow right and if you don't have the answer there are people who can help you.

In the feedlot the most important thing is the indoctrination—get those calves started right. Let us not get them on a highly acid diet the first two days and overload them with water. They should be put on good roughage, high protein, high energy and do not force them too much for a while. Then take care of those calves. I'm sure Dr. John Young will bear me out in this. Also, you have to watch the calves for that first 30 days. They do not feed them any more—they send them out to my clients who have warm-up operations. It is not just a matter of putting cattle through a chute and vaccinating them—it is a matter of nutrition and external and internal parasites. Vaccination is necessary to prevent IBR, PI₃, etc., and I am more and more convinced that antibiotic feeding for a long period has served its purpose. Now, I'm not trying to say that we do not need it because we do in some cases but I believe it has been overworked.

It is rather discouraging to go through a group of cattle and have them well for the first month because they have been on a high level antibiotic. They have all been vaccinated and then you lower the antibiotics in two weeks with the result you have a bunch of sick animals on your hands. We have so many diseases for which there are no vaccines. I agree with a former speaker on treatments and cowboy clinics—I think that this is a “must” because there are not enough veterinarians to do all the work, so we outline treatments—we mark them No. 1, No. 2 and all the way up. In commercial lots, these work out very well because they can put down to give the animal treatment No. 10 and the office has treatment No. 10 and its cost. He does not have to write out everything he gives. Treatment No. 10 consists of a set amount of drugs and the price is set so when he puts it on his sheet, it is treatment No. 10 and when the office

sees it, they know how to bill it. For feedlot practice to be of any value, you have to do autopsies. If you are one who does not like doing autopsies, then you should not be in feedlot work. You will find out that your first guess was probably wrong!

Fees—We try to place these on an hourly basis, on a portal to portal system—that is, you have to be paid for your riding time from the time you leave. We have had to increase these over the years. I can remember 10 or 15 years ago when we were charging \$15 an hour and now we’re up to \$25 plus medicines. Here again, I do dispense a lot of medicines but I still feel that the veterinarian as such has to get out of the drug business if he is going to be in consulting work because they have the idea that you are trying to sell drugs and you make a profit on these instead of being of service as a veterinarian. Thank you.