

How to Sell a Herd Health Program and How to Keep Records

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I appreciate being given the opportunity to present my ideas and methods of cow-calf herd health practice. I was asked to speak on initiation, maintenance, justification, and records that I use in my practice. I will attempt to do this in a short period of time.

We must first of all have the incentive to enter this type of practice. In my case this incentive was quite obvious to me. In my area a strict ambulatory practice is difficult because of mileage, cattle numbers, the seasonal nature of the cow-calf operation, the cyclic nature of the cattle business and, most important, the economic return for me and for my client.

The last few years of low cattle prices have not hurt my practice. As economic pressures increased for my client, he looked to me for more efficiency for his operation.

I practice in North Platte, Nebraska, which is at the convergence of the North and South Platte Rivers. The two valleys are excellent for corn and alfalfa mostly under irrigation. The sandhills are a tall grass country that extends to the north for 140 miles. We have sandhills, farm tables and grass canyons to the south. The tablelands and sandhills are covered with hundreds of irrigation pivots.

Our winter feed programs and ranch size vary greatly because of this diversity. My clients' cow herds vary from 50 to 5,000 cows.

The University of Nebraska is a strong force for agriculture in Nebraska. We have an excellent experiment station at North Platte that has been a tremendous asset to me and my clients. Dr. Gene White, a veterinarian, is now director of the station. We have an excellent pathology laboratory facility at the station run by Dr. Clair Hibbs. Dr. Don Hudson, who practiced at Benkleman, Nebraska, for 17 years, is now the extension and research veterinarian at the North Platte station.

There are seven practicing veterinarians in North Platte. My practice area extends north 60 miles, west 30 miles, south 55 miles, and east 30 miles. I started practice in North Platte 20 years ago with Dr. S.B. Stafford in a conservative, service-type practice. I have been blessed with a nucleus of very solid, progressive clients that have cattle as their primary industry. These people have helped me evolve a workable herd health program tailor-made for their operations.

In developing our practices I believe we should ask ourselves what makes a good client and what keeps him as a good client for a period of years, and how do

we influence these factors. 1) Does inefficiency and poor management make a good client? 2) Do many disease problems and poor prevention make a good client? 3) Do lack of ability to do things such as detecting and sorting sick animals or performing routine treatments? 4) Is a well-trained or poorly exposed client more adept at best using our services? 5) Can a client keep good records, do they show % loss or % efficiency, and do they reflect future preventive procedures?

Initiating Programs

The client contacts, of course, are usually made on a call basis. For years the caesarean operation was my first contact with many ranchers. Now, controlling the caesarean rate may attract clients to the program.

From the calls you make for a client you should detect problems and evaluate the preventative needs. Fertility problems are the most common cause of starting herds on a regular program. Vibriosis and leptospirosis added herds to my programs and they are still with me every year.

Disease problems give us the opportunity to discuss preventative programs. *C. perfringens* type C and reo-corona scours vaccination of cows are good examples.

People problems are common on large ranches and we must help on these problems since they affect our performance.

Community problems, such as new diseases, or climate problems, such as a very severe winter and drought in summer like we have had the last year, add more herds to our program.

I attempt to inform a client of the cost factors of a disease break he is experiencing as opposed to the prevention costs. Economic pressures for both us and our clients are forcing me more and more to this type of medicine. My cost per call is rising and individual animal calls for routine work are harder to justify.

I do not have extensive haul-in facilities so I have the opportunity to acquaint myself with a client's handling facilities and personnel. A big item in starting herd work is to know what the ranch is doing presently and to simply fit our program in. We may have to adjust the timing a little to best utilize our time and their help.

A few things that have helped my herd work are a couple of homemade palpation chutes. They are made with drill stem pipe and have a gate to close behind the cow and they have W-W headcatches on

them. They are on wheels and move easily and set on the end of any alley. I also have a couple of meter-cators for applying "pour-ons." These all help ease the handling aversion some people seem to have. Some clients are reluctant to gather and work cattle in bad weather, or to handle heavy cows, or to give more than one vaccine at one time. We should be aware of these fears and ready to answer their questions.

Exposing a client to preventive programs is much easier for me now than it was years ago. I have a lot of clients that help encourage a neighbor to come in and discuss his herd with me. Every area has its leaders. These people will influence others with their herd work.

In my area, ranchers "neighbor" a lot. These men may watch a program's performance on their neighbor's herd for years before they start, or it may be their kids that start a preventive approach.

Client education is my best tool to tell my client what I can do for him and how it will make him money. No one else can come into your area and do as good a job as you of telling your people about the problems in your area. But if you don't, someone will eventually try. The cattlemen in my area are always looking for solutions to their problems. We must use this for localized, personalized programs.

As a practitioner, I want to help determine the type and extent of the education so that it will fit their abilities and their needs. I invite a number of clients in and we review the upcoming season's problems and procedures. Having them in together gives me the opportunity to remind them of the economic justification of each individual procedure. It also gives them the opportunity to see the enthusiasm of other clients for what we are doing.

I usually have someone come in to help with the nutrition discussion. Dr. Hibbs often helps discuss the disease problems and the use of the laboratory facilities.

The client must understand that necropsy and diagnosis are very necessary to outline his preventive program. Working closely with a pathologist is a must for me. Dr. Hibbs has been a tremendous asset to my clients and my practice.

I consult with the owners, foreman, and cowboys to evolve the program. This insures the cooperation of everyone involved.

We have cooperated in many field evaluation projects. In almost every instance a client has added something to his annual routine. Even if it is only ear tags, it is a gain.

Maintaining Clients on a Program

I have to know my clients well to maintain them on a program. They are as different as their problems and needs are different. Some clients need periodic reports on performance and improvement in performance. Others need reminding of economic justification to keep them on a program. Some clients are forgetful or lazy or just procrastinate and need to

have decisions made for them and dates set to work their cattle.

Educational seminars or newsletters are very important. I rely more on seminars. I have a weaning clinic in September or early October and cover the fall and winter problems. At this time we review the winter cow work along with economic impact.

I usually have two calving clinics, one in early February and one in early March. I invite some people in to help with these meetings. They are nutrition specialists, extension veterinarians, my pathologist Dr. Hibbs, drug industry men, or regulatory veterinarians. My clients enjoy these people when I act as a catalyst or a buffer.

Records

My clients for various reasons may maintain records, however, for the most part these records usually reflect individual animal performance. They do not reflect herd health or herd performance over a period of years.

The rancher, or especially the farmer, has some knowledge of disease problems but this usually is based on his own experience. He is very limited in his ability to recall minimal loss that has a potential of severe repercussions. For the most part he doesn't know the words, the names or their significance. He often has no inclination to maintain herd health records.

I feel that I must maintain these records and attempt to have them show dates, numbers and cost of each individual procedure. The charts show % open, total number of culls, number of eye surgeries and eye culls. (I am from Hereford country, as you can tell.) On the reverse side there are a number of items that reflect performance of the herd. The charts should show the breeding programs, the cowboys' names, the herd's condition at various times, the death loss and diagnosis.

Comments on herd or people performance and their economic impact are vital for reports on justification to some owners, especially some non-resident ownership outfits. This may be the only documented report other than bills or profit-loss statements that they will ever see. Good cowboys are not good at this.

I keep a simple folder on each account in a drawer close to the phone. This file contains the herd charts (for seven years now), a copy of each invoice, all laboratory report sheets on necropsies, culture and sensitivity, the blood charts on brucellosis, leptospirosis, and anaplasmosis, and all OCV papers. I have too many herds on some degree of a program to recall much of this information for consultation.

Some ranches now rely on me completely to maintain their program. I outline the procedures, set the dates for working the cattle, and outline the procedures that the cowboys can do. At this point their overall costs and efficiency become a great concern of mine.

Disease History: _____

 Abortions - Number _____ Causes _____
 Calving Problems - Loss _____ Dystocia _____
 Retained Placenta _____
 Recommendations _____
 Caesareans _____ Milking Ability _____
 Calf Scours - Number Cases _____ Necropsys _____
 Severity _____
 Drugs Used - In Order _____
 Death Loss _____
 Summer Performance - _____

 Weaning: Date(s) _____ Weight(s) _____
 Respiratory Disease - Dates _____
 Stress Factors _____
 Number Cases _____
 Drugs Used _____
 Nutrition: _____
 Cows _____
 Calves _____
 Bulls _____
 Implants: _____
 Breeding Performance: _____
 Cow Condition: Fall _____ Winter _____ Spring _____
 Her. Condition: Fall _____ Winter _____ Spring _____
 Recommendations: _____

 Bulls: Turn out Dates: _____ Brought In: _____
 Injuries: _____
 Fertility Exams: _____
 Cows per Bull: _____
 Culling: _____

 Ear Tags - Culling _____ Replacements _____
 Comments: _____

 Horses: _____
 Worming - _____
 EW _____ YET _____ FLU _____ RHINO _____

My records have been very helpful to several ranches when a new ranch manager or foreman took over. These men are very dependent on your experience with the herd and the people, especially when you have the records to back it up.

My records are helpful in my drug dispensing. For example, in stocking a calving shed prior to calving season, last year's culture and sensitivities and comments on response will usually outline their needs, at least for a start. Cow-calf operations are so seasonal that for a month or two at some times of the year this may be your main contact with the ranch. Many of the summer treatments are on the end of a rope or in a catch pen in a remote pasture so we can't afford to do this work unless something other than routine occurs.

My work is all by the head or by the call, with no predetermined monthly or weekly stop. At some times of the year the cattle are too scattered to check anyway.

Diagnosis over a period of years, of course, determines the preventative programs. We are somewhat limited in some remote areas but after seeing the results of the program, many ranchers make an excellent effort to necropsy any loss where the cause is not obvious. Dr. Hibbs at the university laboratory at North Platte is extremely important to our program.

Performance, of course, is the reason for maintaining any herd health program. There are many facets to consider, including performance of the help, the various procedures, and, of course, my own performance.

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1. Philpot, WN, Comparative effectiveness of different dry cow systems, Proc. Ten Ann. Conv. Assoc. Bovine Practitioners, St. Louis, 1977, pp. 55-63.
2. Griffin TK, Antibiotic therapy in the control of mastitis—a summary of experimental results Proc. Brit. Cattle Vet. Assoc. Reading, England, 1971, p. 81.
3. Natzke, RP, Therapy: one component in a mastitis control system, J Dairy Sci 54:1895, 1971.
4. Edit. How much is mastitis costing you? (Statement attributed to Philpot, WN) Farm J, June, 1977.

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RECEIPT NUMBER	DATE	DESCRIPTION - CODE	CHARGE	PAYMENT	CURRENT BALANCE	PREVIOUS BALANCE	NAME
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Office Call	OC						
Country Call-mileage	CC						
Consultation	Co						
Exam/Treatment	Ex/Tr						
Chute Fee	CF						
Postmortem	PM						
Surgery	Su						
BOVINE - Bo							
Dystocia	Dy						
Caesarean	Ca						
Uterine Prolapse	UP						
Vaginal Prolapse	VP						
Retained Placenta	RP						
Pregnancy Exam	PE						
Eye Surgery	ES						
Fertility Exam	FE						
Dehorning	Dh						
Castration	Ca						
Blood Test, TB Test	BT						
Implants	Im						
Vaccination/Syringe Fee	Vac						
LABORATORY							
Brucellosis Test	BrT						
White Blood Cell	WBC						
Hematocrit	Hc						
Hemoglobin	Hb						
Fecal	Fi						
Other Test	OT						
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For example, a high bang's vaccination titer to brucellosis on a culled young cow could reflect vaccination too late and that is poor performance on my part. If most of the cows with cancer eye are right eyes, the man running the right side of the herd catch didn't detect small lesions to be worked and his performance was poor.

I have evolved a method of pelvic evaluation of bred heifers to reduce the caesarean rate in some herds. This performance has added some herds to a program.

Performance on my part includes outlining enough procedures that can be done efficiently through the chute or alley each time to get everything done that needs to be done. A quick check of the charts before I go out sure has saved me some embarrassment. Also, I work for management and getting the most mileage out of the help is one of my responsibilities.

Cow death loss has dropped drastically since we started palpating cows and detecting pathology and culling better.

Justification of the herd health program must be a continuous effort. I have some data that we took directly from a report I submitted to a herd owner a year ago. The economic factors I have used are very conservative.

1. Pregnancy Examinations.

4,350 head

5.4% open = 235 open cows

Winter feed costs @ \$65 per head = \$15,275 savings

Cow death loss last winter = 2 cows

This year this herd came up to 10.6% due to our severe winter and dry summer. The feed costs will be in excess of \$75.

2. Cull Cow Marketing.

300+ bred cows

\$35-\$45 per head higher than average weigh-up cows at sale barn that day.

Advantage = \$10,500 to \$13,500

150 guaranteed open weigh-up cows - \$1.50 per cwt. over average at sale barn that day.

Advantage = \$2,100

These advantages were gained by presenting cows in the right condition (taken out early and fed well) and by sorting as bred or open and having them blood-tested before the sale.

3. Two-Year-Old Heifer Calving Shed.

750 head calved

2.3% total calf loss = 17 calves

Previous total calf loss over 10% = 75 calves

Advantage = 58 calves @ \$60 per head = \$3,480.

These figures are very conservative. Last spring's calves brought over \$100 and this next spring with bad weather could be much higher. These losses include abortions, anomalies, calving loss and calf scour loss.

4. Semen Testing.

227 bulls

28 bulls culled before semen evaluation

21 bulls culled by semen evaluation

Advantage = winter feed costs of 21 bulls @ \$100 = \$2,100 savings

5. Weaning Performance.

3,900 calves weaned on ranch

Actual loss to Jan. 30 = 18 calves = .46%

Some ranches feel acceptable loss is 2% = 78 calves

Advantage = 60 calves @ \$190 = \$11,400

Eliminating creep with antibiotics = \$4,500 savings

Treatment and prevention costs = \$4,000 (similar to previous years) (includes coccidiosis and adenomatosis costs).

These economic justifications are just a few of the items I pull from my herd charts for my clients. Oftentimes these are just related verbally to the client.

I am very optimistic about the future of the bovine practitioner. Contrary to the Little Report, I feel we will need a lot more cattle practitioners. We are properly supervising the health of about half of the cattle in our area. When we expand this, we will be short-handed. Right now there are 15 practitioners looking for veterinarians in our area.

Discussion

Discussion

Question: what about your calf scour vaccination program?

Dr. Bolender: The University of Nebraska developed this and originally it was the "reo" and then they added the "corona." I've been involved in a lot of the field work with it and several of us felt that the cow vaccine was the approach to use and there were a lot of problems with the calf vaccine and getting it accomplished. I don't think it works as well myself when you think of just the mechanics of getting every calf vaccinated at the right time and we just did not seem to get it done right. It is not a good preventative program in that we are not there to see that it is being done and lots of times a guy will wait until he is in trouble and then start using the vaccines. You get the bacterial build-up and you are already into the soup and it is not going to look good. We ask that the cow vaccine be pursued actively, so they vaccinated a bunch of heifers and they were supposed to be great big heifers. I complained because I felt that they were not going to get good field exposure and break right and so they sent them all out for me to calve and we put them in one of my clients' herds and they broke terribly! They used several different adjuvants and they came up with the one that they thought was going to work. It was an old killed product and it did work quite well, especially into the second year. Now we're into the modified live product with both the "reo" and the "corona" and it looks fantastic. I have clients that would never quit. But it has been a little hard to prove to the regulatory people

that it is as great as we know it is in that we would take half a herd and apparently we interrupted the viral interplay between the vaccinates and the unvaccinates and they never would break quite right. We used criteria that were probably wrong in that we had them keep charts and if they treated the calf, then he scoured. Well, if he was scouring at four days at a real critical time or whether he was scouring at three weeks, when it really was not all that critical and it didn't really show up in all this. So this last year, Dr. Hudson and I had about six herds that were similar in management and ownership and we vaccinated one herd and controlled the other herd and kept them separate and it is looking good now. I have some sheets, I think it is 4 to 1 on death loss and 2-1/2 to 1 on treatment level and this is not near as dramatic as our other results were earlier. But apparently it looks better on paper, so we hope that they will have the label changed shortly. We used the same vaccine still coming out in the one-dose vials and we vaccinated a thousand head and that was a pain. We use an intramuscular dose the first year on a heifer. On a first-calf heifer we'll try and get it into her when we pregnancy examine her. And then again just right ahead of calving. Each time we add one of these things, the guys found that if you would look on their calves at branding time that they would have a few lice. That looked terrible to me so I told them they could pour a half dose of pour-on just ahead of calving and that would probably solve it. And it did. And while we have her in to do that we might as well put these vaccines into her. It worked real well.