

# The Consultant's Role in Feedlot Practice

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The feedlot industry has made dramatic changes over the past ten years. Far greater numbers of cattle are being fed in areas where few cattle grazed some years ago. Many of these cattle are hauled great distances to arrive at feedlots and fed rations that are totally foreign to their ruminant digestion systems, exposed to conditions and infective agents totally foreign to their systems, and thus present problems to their owners that are quite unlike any problems that may exist in the local cattle population.

**This whole phenomenon illustrates some of the problems that exist today between practicing veterinarians and the feedlot industry. For a busy practitioner, many of these changes may come about so subtly that it is very difficult to realize that a change has taken place. The rapid expansion of the feedlot industry that was experienced in the early 1970's left many veterinarians very confused as to what interest to take in the industry.**

The expansion hit like a prairie fire and along with the rapid expansion, problems multiplied at an alarming rate. Some veterinarians were busy with their regular practice and tried to watch these problems out of the corner of their eye, and became great critics when they discovered that this expanding feedlot industry did not want them to administer all the "shots," castrate the bulls, and treat the sick ones. It was also a great shock to them to find out that there were drug companies who would actually sell products direct to these people, and even provide them with information on "how to vaccinate, diagnose, and treat." This initial shock was followed by a revolting development which left many veterinarians wondering what their profession was coming to—graduate D.V.M.'s were actually selling advice and prescribing treatments to this renegade industry, and they were calling their services (which did not amount to any of the physical work that veterinary service had been associated with) . . . calling this service *consulting!*

Well, what many of us skeptics and critics failed to realize was that the industry was in great need of advice and professional health service and they were asking many people for it; and few veterinarians were availing themselves and perhaps even fewer were actively pursuing this area and better qualifying themselves for this task. The price crash that follow-

ed in the mid-seventies then provided even more problems. The skeptics were pleased they had not "bothered to get involved" and sink with the shipwrecked market situation, but were glad they had stuck with their regular services. Many veterinarians that had been trying to provide good consulting service found their customers faced with financial problems that made severe cattle health problems seem unimportant.

Now, in 1978, we are at a phase in the cattle cycle that is presenting some important decisions by many veterinarians. Cattle prices are high, they are being transported farther, traded more, exposed to new diseases and increased stress, non-cattle people are getting involved. And the industry that seemed doomed but has survived through some very tough times seems more determined than ever to be here to stay and help transform silage, hay, and combinations of grains into a high quality animal protein that somehow seems to be an important part of the diet of a population of Americans who enjoy the best health of any people in the world.

These determined cattle people who concentrate on feeding cattle are still very much interested in professional help. The professional services of nutritional consultants are readily utilized by virtually every feedlot and their advice is also being sought by smaller feeders who realize how important proper utilization of their available ingredients is to profitable production.

The feeders' farming operations are being monitored by professional agriculture consultants who take an active part in soil needs and crop information.

The market information is made available through market consulting firms who play an active role in total cost information on feedlot operations.

**The veterinary consultant who has maintained his composure, stayed abreast of the feedlot industry problems and been actively involved in the changing problems the industry has presented to him, is indeed in a good position to continue to make a positive contribution to the industry.**

One of the major problems facing the consultant today, as it was ten years ago, is the skepticism within our own profession. It has been most difficult for a

local practitioner who has been busy providing service to his clients to realize that a colleague of his (who may have even graduated much later, and perhaps even have been a poorer student than himself) could be qualified to come into "his" area and in a flash of a few hours per visit provide a service that was not being better provided by the local practitioner. It is also even more revolting to consider that this consulting-type service does not even provide the physical availability of a 24-hour emergency service. But, there is a light at the end of the tunnel—it's called change, progress, adaptability. This adaptability is readily evident in the person of a veterinary consultant who has elected to specialize in an area where there is certainly a great need for specialization.

### *Qualifications*

In order to provide veterinary consulting service, a veterinarian must face two very important questions: 1) Am I capable of assisting in the management aspect of the feedlot industry? 2) Do I want to devote my time to getting involved in the health problems of the feedlot industry?

To answer these questions requires some definite commitments by the veterinarian. To become capable in the health aspect involves, first of all, to become involved. Solving problems has been one of the areas in which we have done quite well as veterinarians. Feedlot managers have learned how to train people to solve some of these so-called problems, i.e., identify sick animals; give intravenous injections; do dystocia; operate on urinary calculi; yes, and even do a fairly good necropsy to determine whether the animal died of pneumonia or peritonitis.

Well, the problem solving has usually required our physical abilities and we have been most adept and proud of "doing the work."

Recognizing problems, we have learned, can be much more difficult. It is very difficult to evaluate the prevention of a disaster, or even to determine if the event would have occurred at all. The consultant must be able to function at a management level and recognize problems, thus diverting disaster. This, although not a physical service, is of vital importance.

**A thorough knowledge of the industry is one of the first criteria. With the professional training he has had in ruminant physiology, pathology, parasitology, anatomy and epidemiology, the veterinary consultant has a good background to make some judgment calls that are so important in recognizing problems.**

The criticism that a consultant goes around solving problems by "looking over the fence" or "by driving down the feed alleys in his pick-up," or "by flying in and talking about problems," are unfounded myths and represent undue criticism. If, in fact, his advice is not well-founded, then surely the feedlot will recognize this and the problem will be resolved when he is no longer paid for this useless advice. Naturally, recognizing problems requires some looking, but the

capabilities of an individual to make sound recommendations goes far beyond the look over the fence.

Some factors that help to aid in making an individual more capable, then, could be listed as: 1) Doing homework—studying the current problem areas. 2) Pay attention to industry interests. Read industry publications. 3) Attend meetings, professional and industry. 4) Discuss problems with other veterinarians and other consultants. 5) Keep in touch with diagnostic laboratories. 6) Be involved in in-house trials where possible.

Time is a consultant's stock in trade and regularly scheduled visits are a must for a good relationship to develop and for a consulting service to operate. The importance of being able to outline plans, review performance records and identify problem areas cannot be accomplished during an emergency call or under conditions where either one or both of the parties cannot look at the entire operation as a whole unit but is concentrating on one crisis area.

### *Have A Plan*

The next requirement of a veterinary consultant is to develop a plan that can be presented to a feedlot manager that lists some of the important aspects of the proposed health plan. The plan should consist of a list of goals, an outline of the objectives, and then a set of outlined procedures which serve as a map to provide positive directions.

An example of a feedlot health plan:

#### Goals

The primary goals of a feedlot health plan are:

1. Reduce losses due to disease (both death losses and treatment costs).
2. Avert disease outbreaks through proper vaccination, early detection, and diagnosis.
3. Provide professional assistance in health management.

#### Objectives

To work towards accomplishing these goals, I would like to list a set of objectives that can be used to plot the course of action and to measure our accomplishments:

1. Establish and maintain a health record system.
2. Provide schedules: a) processing; b) treatments.
3. Provide positive training for cattle crew in: a) observing and handling cattle; b) administration of vaccine and treatments; c) review of animal systems through post-mortem; d) explanation on use and action of drugs; e) sick pen management and nursing care; f) sanitation.
4. Provide critical evaluation of overall feedlot operation to management in written report and include: a) review of records; b) specific pen problems; c) treatment responses; d) general cattle health; e) progress of cattle crew in accomplishing assigned responsibilities; f) general feedlot conditions, pens, alleys, bunks, fences, waterers; g) cleanliness of processing and treatment areas.
5. Communication with management relative to



proach seems very logical for a consultation practice and yet the veterinarian can still be in control of the products used. It can be accomplished by providing the feedlot with a list of drugs to be used and the producer, and then this list can be distributed to the interested drug outlets for them to submit prices. This can be repeated quarterly to update the competition and allow for the modification of products to be used.

**Fees**

Charging for advice is an area that veterinarians have labored with but in the past have chosen to "cover up" in the form of: doubling the price of the products used, adding it in on service, including it in trip charges, etc.

This is totally unacceptable and has been one of the very bitter areas of disagreement between feedlot people and veterinarians. Free advice is usually worth just what you pay for it. The quote of attorneys, "our advice is our stock in trade," can also be taken by the consultant.

There are a number of variables that enter into consideration of fees for a consulting service, including size of the feedyard operation and number of scheduled visits required. Charging an hourly fee for

time spent at the feedlot can be a fair way to assess a fee, but then the consultant must consider his time spent in doing homework, attending meetings, and travel time to the feedlots.

Most consultants like to operate on a yearly contract that encourages a re-evaluation after each 12-month interval to determine continuation, modification, or cancellation. The current figures are in the range of \$35 to \$50 per hour for consultation plus expenses. A general rule of thumb for feedlots of about 10,000-head capacity and a monthly consulting visit would be 15 to 20 cents per head of cattle fed annually.

**Summary**

**Professional consultants can make a very worthwhile contribution to a progressive feedlot industry. It seems that one of the big challenges facing the veterinary consultant is acceptance by the veterinary profession and then keeping qualified to provide sound advice for the industry.**

The adaptability the veterinarian has exhibited in the past is good evidence that the same "ability to adjust to the situation" will prevail with the veterinarian and the feedlot industry.

**MORTALITY MORBIDITY REPORT**

		_____ Feed Lot		
Reporting Period _____				
No. Head on Feed End of Period _____				
<b>TREATMENTS</b>	<b>Diagnosis</b>	<b>less than 45</b>	<b>DAYS IN LOT 45-90</b>	<b>over 90</b>
	Respiratory	_____	_____	_____
	Diphtheria	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	<b>Totals</b>	_____	_____	_____
	Total hosp. pulls _____	% of head count _____		
	Total repeats _____	% of pulls _____		
	Cost of treatment per hosp. pull _____			
<b>DEADS</b>	<b>Cause</b>			
	Respiratory	_____	_____	_____
	Respiratory (chronic)	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	<b>Totals</b>	_____	_____	_____
	Total No. Dead _____	Dead in Pen _____		
	% Dead (inv.) _____	% Last Month _____		
	% of Annual _____			
	No. realizers sold _____			
	New Cattle Received _____	Last Period _____		
	Bullers No. Pulled _____	_____	_____	_____
	% _____			

Figure 2. Mortality-Morbidity Report.