

Planned Cattle Practice

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I think I would prefer to call this presentation "What Planned Cattle Practice Has Done For Me." In this paper I don't propose to be an expert or to have all the answers. As I often tell some of my clients after an examination, "I can tell you a lot of things the old cow doesn't have, but I cannot tell you what she has got." Very often knowing what isn't wrong may be of considerable value.

In trying to find a starting place for a planned practice, I think the best and simplest answer is pregnancy diagnosis and branch out with the plan from there. Monthly pregnancy checks and uterine palpations establish a means of visiting the farm on a monthly basis or, if you pardon the expression, getting your foot in the door.

A recent survey of dairy herd owners was made in our area. One of the results of this survey is revealed in this table:

Dairy Cattle Disease:	
Order of Economic Importance %	
Mastitis	77.8
Milk Fever	18.1
Cows Not Settling	14.5
Leptospirosis	12.1
Hardware Disease	11.7
Foot Rot	10.5
Anaplasmosis	4.8
Pink Eye	4.4
Wheat Pasture Poisoning	3.6
Pneumonia/Resp.	2.4
Abortions	1.2
Cancer Eye	1.2
Lumpy Jaw	1.2
Scours/Diarrhea	1.2
Retained Placenta	0.8
Calves	
Scours/Diarrhea	23.4
Pneumonia/Resp.	11.3
Pink Eye	0.4

I would like to take the top four items on the list: Mastitis, Milk Fever, Cows Not Settling, and Leptospirosis. How is the best way to attack these problems or better yet what is the best solution to these problems? Prevention? Treatment after the condition develops?

I believe the best way for one to become fully aware of the difference between prevention and treatment of a condition, or the economics and incidence of a condition, would be to get in the business. This gives you a whole new outlook.

I class the top three on this list as management problems. Improved management is the primary solution with drugs and administration of drugs as an aid to management.

We might devise a plan to improve these management procedures. Let us begin with pregnancy diagnosis in dairy herds on a monthly basis at forty days postbreeding. At the same time you handle these cows, if they are pregnant, vaccinate for Leptospirosis. Also, at this monthly visit, rectally examine the cows that have calved within three to four weeks. Any abnormal uterus may be treated at this time. For uterine infusion I use, almost without exception, an iodized oil solution. This solution is prepared by dissolving iodine crystals in ether. The resulting solution is then mixed with a good grade mineral oil. Mix enough iodine with the oil to give a good deep purple color to the oil. I prepare this solution myself at a cost under two dollars per gallon. This may also be used to dry up chronic purulent mastitic quarters that have lost their function.

From this base of operation you may branch out in consultation with regard to forage analysis, nutrition counseling, mastitis control procedures, housing, estrous calendars, etc., but I might emphasize—do these things gradually. Do not try to revolutionize a man's operation overnight!

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1. Pregnancy diagnosis and reproductive tract palpation.
2. Bull health examination and semen evaluation before breeding season.
3. Consultation, nutritional counseling and management decisions.
4. Routine parasitic control programs, vaccinations, dehorning, castration. Training lay personnel for these procedures where indicated.

In beef cattle we might start with pregnancy diagnosis again. The time you do this would depend on the goal of the management. You might pregnancy check sixty days after the bull is

removed or at the end of the breeding season. This would enable the owner to sell pairs if he is overstocked. The pregnancy check might be made after the calves are pulled off. This leaves the owner with open cows at market weight or possibly pregnant cows that would be late calving for his operation but might fit someone else's program.

A bull health and semen evaluation before the breeding season can be done. Other areas to work toward are routine parasitic control programs, vaccinations, dehorning, castration and training of lay personnel for these procedures where indicated. Nutritional consultations and management decisions may also become a part of the program.

What might the results of this be to the veterinarian? I would like to show possibly two different situations I feel have developed out of this for me.

Let us take dairy herd number one for the years 1969, 1970, 1971 and 1972. The years 1969 and 1970 I served this dairy only on a partial basis. The figures for these years are complete with respect to my work, but other work was done by other individuals for which I have no records. We initiated a planned program in January 1971. As you see from these figures, which are general in nature but fairly accurate, in 1970 we made 50 service calls or trips to this dairy resulting in expense to this dairyman of almost \$1200. In 1971 he added ten cows to his milking herd. We made 28 trips for a total expense of \$886.55. In 1972 to date we have made 20 trips for a total expense of \$856.62, with 15 cows added to the milking string. Now the thing that may stand out here is that this dairyman reduced his bill by \$300, but I would like to bring your attention to the reduction in the number of trips to this man's farm. I might add that probably several of these trips eliminated were late evening, early morning, or night trips. Elimination of these trips is as beneficial to me as the \$300 to this dairyman.

DAIRY HERD NO. 1

Year	No. Cows Milking	Service Calls	Expense
1969	50	22	602.52
1970	60	50	1175.79
1971	70	28	886.55
1972	85	20	856.62

Now, let us take dairy herd number two from 1968 through 1972. In 1968, 1969, and 1970 this dairyman was primarily a dispensing client. The

DAIRY HERD NO. 2

Year	No. Cows Milking	Service Calls	Expense
1968	50		172.58
1969	50		331.01
1970	50		226.30
1971	65	15	1170.23
1972	70	15	780.74

expense column for these years is probably 98% for drugs dispensed. We initiated a program in this herd in 1971. This dairyman had a fertility problem. The trips are almost all routine monthly checks and you can readily see the increase in my income from this dairyman.

Both of these individuals are very happy with the results of the program. They now address me as Doctor Miller rather than Doc or otherwise. There is definitely more respect shown by these men towards me. This I mention only as a matter of personal satisfaction.

Most of my herd health work has been with dairy herds. I initiated it in my own beef herd and am working toward some other beef herds in the near future. I have used the hourly fee, plus cost of materials used at a reasonable figure, as a basis for my work. I have not felt the need for a written contract. I personally feel that we have to trust someone sometime, and if we can't trust each other and have faith, the program probably won't work anyway. Also, I have been unable to devise a contract which I could sell to every producer primarily because no two situations are alike. I work with anyone that will work with me. This includes feed mills, sales people and anyone who serves the dairyman.

The only requirements I make are that the producer furnish a facility for handling the cattle. It doesn't need to be fancy or elaborate but should be designed in such a manner as to facilitate easy handling, minimum waste of time, and not abusing the cattle. The facility should in no way be associated with the milking facility.

A record system is established, consisting again of nothing elaborate. I furnish the blank cards if he wishes for each cow. He can identify the cows in any manner he desires. The owner keeps the records. He takes the information I give him at examination and transfers it to the cards. It is his information. He pays for it and I feel he should take the responsibility of recording it. Also, if he records it himself he is much more aware of what is taking place. The usual comment by the owner is he never knew so much about his cows.

When we initiate the plan we spend considerable time going over what the plan will do, what the charges will be, and roughly what he might expect the charges to be per cow over the period of a year. It has been my experience it will run from ten to fifteen dollars per lactating cow per year. At this time it is understood that if he has any questions he should bring them up and I will not be offended; likewise, I will do the same with him. Also, it is explained his problems will not be

completely eliminated, and should he begin the program he should expect to stay with it at least six months and preferably one year before deciding if he is happy with the program.

There is a possibility I might miss an occasional pregnancy diagnosis or miss treating a uterine abnormality that may need it, but to the best of my ability I will not do this. If at any time we come on some problems I cannot solve, I will do my best to find someone who can.

Cow - Calf Programmed Practice

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I am sure glad to see Dr. Fred Wood here from Osceola! I felt like a hayseed from Missouri with you people talking about 5,000 head! I felt I was in the wrong meeting but we are dealing with farmers and ours is a three man mixed practice in northwest Missouri. Our numbers are not going to approach 5,000 head. I started my practice about eight years ago and my main concern at that time was being with farmers that were bull crop people and my main concern was developing herd health programs for feeder pig finishing operations. The beef cows were a secondary enterprise to the hogs. The cows were just scavengers to pick up roughage and take up slack in the wintertime. At that time, the average cow herd was about 30 head and the feedlot that had 100 head was a sizeable operation, so that is just a basis to where we started eight years ago. We noticed about five years ago a trend was starting to develop in our feedlots and the people all of a sudden who previously were handling 100 head, were jumping up from 500 to 1,000 and some of them went even higher. Our cow herds were jumping from 30 to an average of about 100, with some going up to 700 and 800 so, in other words, almost overnight these farmers became feedlot operators and cow ranchers. As a result, a lot of these operators did not bring along a lot of experience or know-how into their specialized operations and it looked like a good time for us to step in with some sort of a herd health program to assist them and this is what I would like to present today. In five years our farmers tripled their cow herds and a lot of them did not have the ability to handle an operation of this size

so they were willing for us to step in to help them. As I look back at our first client on a herd health program and tried to pick out one factor that stands out above the others which helped us get our foot in the door, I think it was the mass influx of cows from the southwest and the west. Our Missouri farmers had to go out of this area to buy cows and a lot of them went into Nebraska, Colorado, Oklahoma and Texas and just bought whatever cows they could pick up. I am sure we had a lot of the colds that came out of that area but also a new disease entity for our area, namely vibriosis. In the past about the only contact the veterinarian had with these clients was an occasional call in the fall to vaccinate for blackleg and perform castrations. With this new disease coming in, breeding problems, which the operators could not handle, became common. Some of them did not have calves or they were calving year around, so this gave us an opportunity to visit the farm and start talking herd health. It was just an opener as far as we were concerned. As you know the diagnosis of vibriosis is not the easiest in the world so it gave us the opportunity to start testing some of their bulls for breeding soundness. A lot of times we did not know for sure if it was the bull who was infertile or if they had a vibriosis problem in their herd. We also started them on a vaccination program and led from there.

There have been other developments in the cattle industry that have helped us become more involved in herd health work. I think as these numbers increased from an average of 30 to 100, we had disease problems become apparent that