

they run the sheep on the range. They go back and forth from the summer to the winter range. The men go with them and we brand the calves in the spring. But if you have never been in on a sheep operation, a flock of sheep in the summer amounts to about 1,000 scattered all over. You go out and get two or three big trucks and maybe 20 men and walk out on the range, build a little pen about 10 ft. by 20 ft. and a V out of some posts and snow fence. Then you go out with paper bags and horses and wave them, and run the sheep into this big V. You run about 40 into this little square. Four or five men on the inside pick up these lambs by the hind legs and place them on a panel. One takes his pocket knife and docks the tail and if it is a ram lamb, cuts the tip off the scrotum and pulls the testicles out with his teeth and then he takes the lamb to the next guy who sprays a little KRS on it.

The next man earmarks them and you flip them and put on a paint brand. You turn them out and that is how you get your account. It is a truly fascinating operation. This is the way they have been doing it for the last hundred years and we are going out of the business. The last three years we have lost 5,000 lambs and it is a real problem and I am not necessarily a coyote hater. I think you could kill every coyote on the face of the earth and next Monday you would see one over on the hills! They are just around! Last March, I hired a new graduate who takes care of one of the feedyards, a couple of the ranch operations and the dairy. I also hired a young lady who is a biology graduate and we instituted a laboratory. With every kind of practice you cannot operate without clinical pathology and histopathology—it is essential and we also have our own microbiology laboratory.

Programmed Practice in a Cow-Calf Beef Operation

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Since I'm in the dairy capital of the world I must say that many of my clients are using beef-dairy cross cows in their beef operations. Many of these come from this area so the dairy practitioner should have some concern and interest in our program.

One of the species of the world which I do not fortunately deal with is the mighty "turtle." But he does have a peculiarity which is of interest to me in that he "makes progress only when he sticks his neck out." I'm going to stick my neck out today and postulate how I feel the veterinarian in meat animal medicine fits into the agri-business world of the future.

The beef cattle practitioner is many things to his clients. He is a (a) veterinary medical consultant; (b) management consultant which includes breeding program consultation; (c) economics consultant; (d) diagnostician; (e) technician; (f) educator; and (g) friend or enemy—depending on the magnitude of his fees. You can see from this list that the beef cattle practitioner then is primarily a consultant. I like the Veterinary Economics

editorial staff attitude that every veterinarian, no matter what species he practices upon, is first of all a consultant and that is his primary purpose. All else the veterinarian does may be meaningless if he does not act as a consultant.

I've predicted before to many colleagues that most large animal clinics depending on beef cattle practice will be monuments to the beef cattle practitioner in 20 years. The existing medical clinics will become very good surgical facilities or will disappear. The veterinarian that is interested in beef cattle practice in the west that doesn't build his practice around consulting will find himself surrounded by one of these monuments where the overhead will eat him up. I have already seen this happen in my area in Montana.

Because I believe so strongly in this philosophy I established a practice based on the consulting concept. Personal contact led me to clients who were interested in a consulting relationship. There are several reasons why these people were interested in this type of program. These reasons were:

1. Inadequate Local Service—some of my clients are remote; however, others get adequate technical service from their local practitioner but have no communication on herd health programming.

2. Clients Desired More Education—most clients complained of not being able to communicate freely about developments and controversial aspects concerning veterinary medicine and other management practices.

3. Sought Specialized Services—nearly all these clients have someone on the ranch who is capable of pregnancy diagnosis, but no one has a man who is capable of a “breeding soundness evaluation” on a female. A total breeding soundness evaluation requires much more technical skill and knowledge than just declaring a cow pregnant or not pregnant.

4. Client Wanted Personnel Training—most clients desired that their ranch personnel be educated in some techniques related to veterinary procedures which would improve ranch personnel capability.

5. Keep Me From Starving.

The most important economic factor which the beef man has to be concerned with is reproduction. If he can't have a calf out of nearly all cows during a specific period, then I don't have to be concerned too much about the weaning program for the calves that are not there. Therefore, my services to my clients are based primarily on reproductive soundness first and health and management secondly. Briefly, the services which I provide to my clients are these:

1. Herd Health Programming—after consultation and review of the ranch operation, I provide my client with a written herd health program. This program is updated generally yearly or as the ranch situation changes. The written program gives my client and I a fingertip review of what we are going to do for the period and in order for me to plan for the program all I have to know is the number and class of cattle on the ranch. These programs are specific for (a) ranch location, (b) type of cattle—exotic, purebred, commercial, etc., (c) ranch management capability, (d) ranch employee capability. This program to some extent allows me total health control of the cattle and in this position I can even exert some influence on environmental impact of the ranch. At the time I provide the herd health program I also provide an agreement for our acknowledgement as to the services I am to provide for my client and the compensation to be received. The agreement does *not* provide for my services on an exclusive basis.

2. “Diagnostic Assistance”—these are field

services which are provided on a regularly scheduled basis which generally gives my client an index of the reproductive status of the herd. This is necessary in order to maintain contact with ranch personnel to try to detect management problems at a low level which may lead to major problems. These services need to be of a specialized nature in order to gain client confidence.

3. Field Consultations—these are scheduled ranch visits during important periods of the year such as A.I. season or calving season when I may not provide any technical service but primarily consult on management ideas. This often includes nutritional consulting after having done proper feed analysis and ration programming.

4. Training Lay Personnel—I like to try to improve the technical skills of the ranch personnel so that they are more able to do their job. I provide training in obstetrics, artificial insemination, pregnancy diagnosis, treatment procedures and minor surgical techniques. If I have ranch personnel trained properly and a diagnostic problem arises then they may be able to collect the necessary samples for diagnostic work without me having to visit the ranch.

5. Drug and Equipment Purchasing—I purchase supplies at cost for a ranch only if I receive payment for such items in 10 days. I find that often the ranch can purchase inferior items cheaper than I can, but the managers have relied on my judgement to provide them superior quality products for about the same cost.

6. Diagnostic Services—These are services provided for diagnosis of health problems. I find that I have had very few health problems in my herds where there is total health programming. If I do have a health problem, I find I generally must seek additional professional help.

7. “Client Education”—This is one of the most important services which I provide for my clients and one which is appreciated most by them. I submit information to my clients in the form of a newsletter which generally covers new disease entities, new treatment programs, and provides for a review of my feelings on literature which is available to them. I find that ranch managers can sometimes see a use for an idea only if they are exposed to it, whereas I can not see the same possibility.

How many practitioners have discussed the possibility of these items becoming a part of a ranch program?

1. Heterospermic Insemination—This can increase conception rates by 5% or more in beef cattle.

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.