Working With My Consulting Veterinarian

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We have had some interesting conversations about the role of the veterinarian as a consultant. Basically, I'd say it is a matter of performance. That is the key as far as we are concerned.

In the time we have been in business, I suppose we have made every mistake that you could make. And we've tried to correct them as best we can. In doing this, we have called on our veterinarian to give us information that is not available to us through other sources. What makes his service so valuable is the performance we get out of it.

Basically, the problem that has existed in the relationship of veterinarians with feedlots is that they, the veterinarians, have been primarily concerned with animal health, but not as concerned with some of the economic values pertaining to cattle feeders, the customers of the lot and the lot itself. The knowledge that I gain from talking to my veterinarian is much more important to me than having him going out and doctoring a sick calf. With a sound basis in nutrition, he can give us ideas as to why some of the things that the nutritionist comes up with may work or may not work.

I like to have our veterinarian and the nutritionist get together and exchange ideas. Sometimes you almost have to separate them bodily—they kind of get carried away. But, good fundamental nutrition is going to be based on good animal health reasons. You have to have one in order to have the other.

The veterinarian needs to be part of the management team. It is good to have people go around your feedlot and check your management practices and see if everything is running along smoothly. I much prefer that when someone comes out and sees something wrong, he tells me about it.

Other functions of the veterinarian that we consider really important are: setting up records, helping us with management practices and teaching our people what needs to be done in the way of doctoring cattle. The science of doctoring cattle in the feedlot is not all that spectacular. A good percentage of the cattle that come in get pneumonia, or what appears to be pneumonia, and we treat them for that. The veterinarian may or

may not prescribe the treatment. He usually works out a formula for us to work with. It is a management decision as to how we want to do this. The veterinarian should recommend what he thinks should be done.

In our set-up we have a head of our doctoring crew and our veterinarian works directly through him. They usually by-pass me for routine matters. However, the veterinarian and I will get together and talk about the effects of some scheme that I may have come up with or some idea that he has for making us more money. One thing that is particularly important to us is preventive medicine. We feel that if we can keep cattle from getting sick, we have accomplished a lot more than we could if we waited until they got sick and then tried to doctor them. I suppose this is where we find him (the veterinarian) most valuable in that he helps us to evaluate what we are doing to these cattle prior to the time that they may or may not break. And these are the things that we adjust.

In our operation, we have one section of the yard where all of our new cattle go. In this way we keep them from contaminating the rest of the yard if they develop some contagious disease. And, when the man in charge of the cowboys in that section sees that we're getting a break in the cattle, he will call the head of our doctoring crew who will decide whether or not we have to call the veterinarian.

We do not normally call our veterinarian unless we've got something that we don't know how to handle. For instance, we had some cattle that came in from Kentucky last fall. They had something that was new and different to us. The veterinarian's job was to diagnose it and recommend treatment, which he did. It's by working with him during these periods of crisis that we feel we achieve our goals in having him as a consultant.

There are other services of the veterinarian that are also important to us. He assists us in dealing with the FDA and various regulatory bodies of the government. He, in a way, represents us, keeps us in line, tells us what drugs we can use and can't use to stay within the rules and regulations.

And, he assists us in dodging potential quarantines. The importance of this can be seen in a problem that is now my pet peeve—scabies. As you all know, scabies is caused by a parasite which can be killed by spraying. The bug is no great problem. The real problem is the cure that we must use to eradicate the disease. If they (the government) find one animal in my feedlot that has this particular bug, they'll make me dip every animal in it twice within a 14-day period. I estimate the cost between a half-million and a million dollars.

The relationship we have with our veterinarian is really a mutual understanding. He has good, sound judgment on how to handle certain things and an economic viewpoint on handling cattle. For example, it is cheaper for us to let certain animals die than try to cure maybe 20,000 potential cases. A program to vaccinate every incoming animal for all the strange, exotic things we can think of would cost a lot of money. It is cheaper to let some animals die from these particular diseases than it is to pay for the vaccine and the resultant stress that

you put the cattle through when you give them that vaccine.

Part of our trust in the judgment of our veterinarian comes from our ability to communicate with each other and to understand what the other is saving. A lot of you can talk to someone and probably, if you talk in very many technical terms, he may or may not understand what you're saying. We've been fortunate in that when I ask some questions, the people we work with have been very kind about sitting down and explaining in detail how the process works. Because of this, we are able to evaluate information and, hopefully, do a little better job of feeding cattle than the next man.

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Dr. Roger Panciera, Chairman Panel Discussion Department of Veterinary Pathology Oklahoma State University

Dr. Panciera: We have heard from four people today and I think it is my role to stick some needles in people and get something going! We have heard from four vastly different people with quite different views. Dr. Young and Dr. Rinker are two veterinarians but both employed in the same industry but in a somewhat different position. One of the things that I have seen over the years is some deficiencies that exist in veterinarians as a result of their great training, veterinary colleges, and also because it seems to me that we become creatures of habit-we do our thing—we practice conventionally for awhile and it seems to me that the kind of endeavor has been discussed today requires a sort of retreading of attitudes and objectives and a basic thinking. I know that many of us think that we get so astute at our diagnostic and therapeutic measures that we can diagnose our cases from here to Dr. Fox back there but before we can reach Dr. Fox we already have our syringe loaded with the exact medicine and jab it into the next one. Many of us are from backgrounds that say we should work like heck every day and we have been brought up that way and, unless we are working physically, we think we are loafing! We regard thinking as a luxury. A lot of people get paid for doing nothing but thinking. They can sit in their chair all day long and get paid for thinking. Some of these attitudes are necessary

to engage in the endeavors that are the topic of the program this afternoon.

Dr. Black, Idaho: In Texas, who handles all the backgrounding of cattle. Do the same veterinarians that consult with feedlots have anything to do with the cattle before they get to the feedlots?

Dr. Rinker: Basically no. Most of our cattle are backgrounded through a sale barn. In our operations, very few cattle are actually backgrounded.

Dr. Walker, Miami, Okla.: What vaccines can you do without?

Mr. McQuiddy: We feel that we must vaccinate for red nose and black leg. I do not have the guts as yet to throw away the black leg vaccine! It does not cost much.

Dr. Rinker: I think we can put it into a nutshell. I do not feel that we have enough of a problem with any of these other diseases for which we have a vaccine that we can merit economically sticking into every individual. We can get along without them and make a pot of money. I would really like to insure all the cattle in the U.S. that are given any vaccine other than IBR. You give me the money it takes to vaccinate them and I will pay you for all the deaths that are caused by these diseases in the feedyard and I will be a millionaire within a year easily!