

stand up straight, act and speak like the person you want to be. Pull your own strings. You are not a marionette. Accept responsibility and take control. Alter your attitude so that you see problems as challenges, opportunities for

future improvement. It is a great life, if you remain strong, and always maintain a proper attitude. No one can alter your attitudes without your permission.

## Dehorning: No Hole Bared

David Frueh, DVM  
Maryville, MO 64468

I am going to explain our technique of dehorning at the Hillside Veterinary Clinic in Maryville, Missouri. We like this technique because there are no open sinuses and no blood oozing.

Equipment you need are a propane tank and torch. We use five gallon propane tanks and obtain our torches from Zeitlow Distributing at Booneville, Missouri. These torches cost approximately \$70.00 each. Also needed is a burner box, and this we make ourselves. It is 14 inches by 10 inches and 12 inches deep. A pipe is put at one end to place the torch in. It can be lined with fire brick to help keep the heat in. You need at least four dehorning irons and we make these out of two inch round steel rods, one inch thick. We weld an 18 inch by 1/2 inch rod on for a handle. A spring is then placed on the distal six inches for a grip and to keep the handle cool. A miter box saw 12 inches long is used to cut the horns off. A For-Most head table is used at our clinic.

The first thing we do is start our torch and begin to get the irons ready. It usually takes five to ten minutes to get them red hot. We restrain the animals in a chute and tie their heads down with the head table. We then use the saw to cut the horns off at the hairline. The cut needs to be flat, but can be tipped to shape the poll. If you have yearlings with big horns you need to cut them lateral to the hair line so the sinus will not be entered. This usually is 1 and

1/2 to 2 inches from the head. This is done on yearlings going into feeding. On calves, cutting at the hairline usually leaves a closed sinus.

We then take the hot irons and place them on the cut edge. We stop the bleeding and burn the horn until it turns white in the center. We then move the iron around the outer edge and burn the skin back approximately 1/4 inch, forming what I call the brown donut ring. This keeps the horns from regrowing. The branding scab will fall off in three to four weeks.

Some of the advantages of this method of dehorning are no open sinuses and no blood or oozing of blood after the procedure is completed. Also, after performing the procedure, the calves have no blood running down the side of the face and the cattle are more attractive. It is also very quick and easy to do. Another advantage is that your dehorning season can be extended over a longer period of time with no worry of fly problems. We usually start around September 15, and quit around April 15. Very small horns can be removed year round, if some kind of fly control is used.

Some disadvantages of this procedure are that the equipment costs are higher than some of the older procedures. Also the equipment is bulky and hot to handle when hauling around on country calls. Lastly, the smoke can be annoying.

## Monthly Herd Report Card: RX and Extra-Label Forms

John Ferry, DVM  
Adams, NY 13605

Production medicine veterinarians endeavor to manage the whole picture. To ensure that we cover all the programs involved during our scheduled visits, it's best to have some flowchart method to work from. We continually tell the client he can't manage without records; I believe records are equally important in our efforts to assist his management. I use a two page report that takes me through each management area. In addition to this report's benefit as a checklist for me, there are several other valuable reasons for its use.

1) The report gives me a method to reinforce my recommendations be reiterating my verbal suggestions in writing.

2) This written record also documents my recommen-

dations. This can be very valuable in those occasional cases when a client is seeking a scapegoat for his problems.

3) A few days after the farm visit, the client is reminded that my work didn't end when I walked out of the milkhouse.

4) Information is easily retrievable for later graphing.

Because these reports are stored on a word processor, we only have to retype the data that has changed from the previous report. The questions and labels on the report, (the standard document in the word processor), are in regular print, and the data is in bold print. This makes the report quite easy to read.

Before mailing these summaries, good and bad (opportunity) areas are highlighted with a red pen. I don't

worry about neatness, I want the red marks to be loud enough that they can't be missed.

The farmer is sent one or more copies, depending on the number of interested parties on the farm, and I keep a copy. I use my copy on my next visit as my flowchart for the visit, and as a reminder of what last month's observations were.

Before going to the farm, I access the DHI records. New DHI data is entered on the report with a blue pen. While on the farm, all new observations are also made in blue. My secretary knows to ignore red marks, and to type all blue entries into the work processor. She then gives the new report back to me for a fresh set of red marks before mailing it to the client.

The reports are organized into seven sections. The first section summarizes production. I start with baseline data. I often found that clients averaging 50 pounds per cow when our program starts, can get quite critical of our efforts when production slips from 65 pounds to 60. A little reminder of where we started helps put things in perspective. The important data in this section is this month's peak and persistency of milk production.

The health section begins with a list of infectious diseases that have been diagnosed in this herd and the date of diagnosis. Because I keep all past diagnostic lab data for the herd in chronological order, I can easily refer to how the diagnosis was made. This list is very useful. We are reminded at a glance if this herd has *Staph. aureus*. If the client questions the wisdom of the vaccination program, we can quickly point out diagnostics that justify our decisions, and if the extra cost of putting a coccidiostat in the calf grain is challenged we can document the need.

I body score 20 cows in each group each month, as well as every dry cow. I record averages, the percentage of high cows less than 2.25, and the percent of dry cows below 3.5.

Metabolic disease incidence is recorded, as well as culling reasons. Observations of stall cleanliness and comfort, and of ventilation quality, are recorded. It can be very helpful to show a client with an increase in clinical mastitis what last month's stall observations were.

The main use of the feeding section is to record what forage reports I worked from last, and what current feed inventory is. Many clients feel my most valuable service is

4) Often this area is used for specific ventilation advice, or to outline ration changes.

My copy of this report is kept in a notebook for that herd in my office. These notebooks also hold graphs, feeding programs, diagnostic lab results, milking equipment analysis reports, and other selective data for the herd.

The farmer keeps his copy in a notebook we provide him. Also in his notebook are graphs we update monthly, feeding programs, cow treatment records, and prescription forms.

These prescription forms are used for all drugs, regardless of whether a prescription is required. For non-pre-

assisting in inventory control.

Section 4, the reproduction section, records the numbers of pregnant and open cows from the past month, and the breedings per conception. The breedings per conception are calculated by dividing the number of pregnancies into the total number of breedings for the period during which those cows were bred. I don't believe in using the average number of services for the cows in question, because this number doesn't tell me what's going on in the herd now. A cow that was bred several times unsuccessfully in the past, but now is pregnant, should have been reported as breeding failures for past time periods, but as a success now.

The other data in this section is from the client's DHI information. Once again, my goal is to separate past management from present, and to look for management trends.

The mastitis section includes comments from milking equipment evaluations, somatic cell information, results of tank culture, clinical incidence, and cleanliness of the milk filter.

In section 6, I record health problems in the replacement herd and track our management in this area. The answers here don't always have to be negative. After a client lost a high percentage of his calves due to a lack of bedding and wet conditions, he became convinced that I had identified his problem and became vigilant in providing dry housing. The next month no calves were lost. After recording a zero after # calves died, I wrote "because they were well bedded and dry" after the question, why? Never forget that positive reinforcement is as important as negative criticism.

Following these six sections is a place for the owner's chief complaint, and for my comments. I usually forget to record the complaints, but always have a long and varied list of comments. I'll share some examples from some recent reports.

1) Put a washer on the breeding wheel every time a cow has mastitis. Three washers knock her off the wheel and out of the herd.

2) The protein in soyhulls is extremely variable, test every load.

3) Sell the oats if the test weight is 38# or greater, and you have enough for a trailer load, otherwise feed them.

scription drugs, they serve as instructions for proper use. Initially, we attempted to be selective about which drugs required special handling. We found selectivity led to oversights and confusion. Having different rules for different drugs created a burden for our staff, and complicated enforcement on the farm.

To simplify our policy, and to avoid future oversights, we changed to a policy that every drug on the farm that comes from our office will be accompanied by our instructions and warnings, regardless of how well the bottle is already labeled. For drugs commonly dispensed, like penicillin, a standard form is kept in the notebook on the farm.

Farm Name:

DHI Date:

Herd Visit:

1) PRODUCTION:

Baseline #/cow	DIM	Herd Avg.	B.F.	lbs	%	Prot.	lbs.	%
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This month #/cow	DIM	Herd Avg. current month	B.F. %B.F.	lbs	plant	%	Prot. %Prot.	lbs	%
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Peak Production: 1st calf baseline now

Peak Production: cows baseline now

Midlactation Persistency: 1st calf

2) HEALTH:

Infectious Diseases Confirmed/date:

1.

2.

Vaccination Program:

Body Condition: High group	Low group	Dry Cows		
#Fresh	#M.F.	#R.P.	#D.A.	#Ketosis
#Sole Abscess	#Resp. disease	#Abortion		

Cows culled and why:

Stall Condition:

Ventilation Adequate?

3) FEEDING: Most Recent Analysis

Inventory

- C.S.
- Haylage
- Hay
- HMC
- other
- other
- other

DMI: High group Low group

Ration last balanced:  
Scales/scoop last calibrated:

Dry Cows:

4) REPRODUCTION:

#Preg. #Open #Cystic B/C

Days to 1st, 1st lactation heifers bred <35 days:

Days open, 1st lactation bred 35-100 days:

Days to 1st, cows bred <35 days:

Days open, cows bred 35-100 days:

Selenium injections to dry cows?

5) MASTITIS:

Last equipment check by us: by dealer: Operating vacuum:

Problems reported: Date corrected:

- 1.
2.
3.

Liner type Changing schedule Last done Next due

WMT/date: SCC/date: Linear Score/date:

Tank Culture:

#clinical cases: . % of herd: . % of herd <4 . >5 . >6 .

#new infections . % . #chronic infections . % .

names of chronic cows:

Mastitis remedy most commonly used: Filter cleanliness:

6) REPLACEMENTS:

#calves started: #calves treated: why? ages:

#calves died: why? ages:
colostrum at birth? calves dry? ventilation:

Vaccinated at weaning through (calf I.D.)

Vaccinated prior to breeding:

Last deworming:

Rumensin or Bovatec being fed?

Charting growth?

OWNER'S CHIEF COMPLAINT:

MY MAIN CONCERNS:

**JOHN W. FERRY VETERINARIAN, P.C.**

John W. Ferry      Cecilia Castro  
Laura Raymond    Melanie Parker

7 West Church Street  
Adams, N.Y. 13605  
Telephone (315) 232-4528

**PRESCRIPTION**

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ANIMAL IDENTIFICATION: \_\_\_\_\_

DRUG: \_\_\_\_\_

DOSE: \_\_\_\_\_

WARNINGS:            Withhold milk \_\_\_\_\_ after the last treatment, then test for antibiotic residue.

                              Withhold meat \_\_\_\_\_ after the last treatment, then test for antibiotic residue.

Drs. Signature: \_\_\_\_\_

**JOHN W. FERRY VETERINARIAN, P.C.**

John Ferry            Cecilia Castro  
Laura Raymond      Melanie Parker

7 West Church Street  
Adams, N.Y. 13605  
Telephone (315) 232-4528

**PRESCRIPTION**

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ANIMAL IDENTIFICATION: \_\_\_\_\_

**PENICILLIN G PROCAINE**

**INDICATIONS:** For treatment of cattle and sheep for bacterial pneumonia (shipping fever) caused by *Pasterurella multocida*, and for foot rot, metritis and abscesses.

**DOSE:** Give \_\_\_\_\_ cc's in the muscle, once/twice a day for \_\_\_\_\_ days. This dose is higher than what is on the labeled directions. We have found that the higher doses are more effective than the labeled dosage. **Therefore, it is very important that the milk and meat be tested for antibiotic residues prior to being used for food.**

**WARNINGS:** Begin testing the milk for antibiotic residue \_\_\_\_\_ after the last injection. Begin testing the urine for antibiotic residue (checks for meat antibiotic residue) \_\_\_\_\_ after the last injection.

Sensitivity reactions may occur to penicillin such as hives or respiratory difficulty in some animals. If this occurs, stop medication and call the veterinarian immediately.

Drs. signature: \_\_\_\_\_

John W. Ferry, D.V.M. & P.C.  
7 West Church Street  
Adams, New York 13605

I \_\_\_\_\_ understand and acknowledge the responsibilities when using \_\_\_\_\_ . I recognize that \_\_\_\_\_ is not labeled for use in lactating dairy animals, and therefore requires special handling on the farm to avoid inadvertent residues. I will store the drug in a location other than the milking barn. I will use the drug only in the manner prescribed and will test for residues before marketing milk or meat from any treated animals.

_____	_____
_____	_____
_____	_____

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_____	_____
_____	_____
_____	_____

When we examine and treat an animal, specific instructions for that animal and the drugs involved are put in the notebook. To comply with the present PMO, these instructions must also be accompanied by labels on the bottles for prescription and extra-label drugs.

Our goals are to provide producers with economic and efficacious methods of treatment, while preventing abuses that would jeopardize their milk market. In the case of extra-label drugs, meeting these goals can be difficult.

I believe that if credible oversight can be maintained, we can achieve this balance. Our clinic continues to provide some farms with small supplies of extra-label drugs to use at their discretion, but only if the following criteria are met.

- 1) The need for the drug in question is approved by one of our veterinarians.
- 2) There is a prescription for this drug in our office and on the farm.
- 3) The farmer maintains a chronological list of every animal treated for any reason, and what she is treated with.
- 4) This list is kept in the notebook we provide, and is made available to us for monthly review.
- 5) Frequency of drug use will fall within established guidelines. Any client found to be abusing this privilege will no longer be allowed to purchase such drugs from our clinic.

These rules apply not only to extra-label drugs, but to all drugs that are sold through veterinarians only. When a client enters our clinic and asks for oxytocin, the recep-

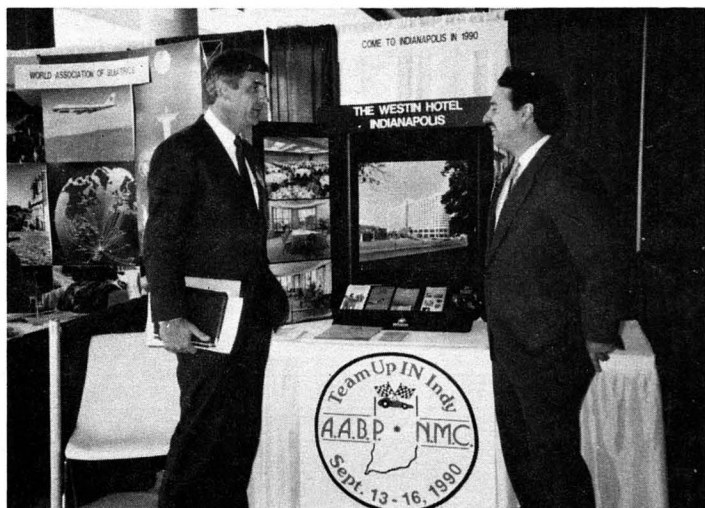
tionist checks the client's file to see if he has been approved for this drug. If there is approval and a prescription on file, she then checks a chart that shows if the client has had his cow treatment records reviewed this month. After finding verification of review, the client is asked to sign a short form stating that he understands proper use and safety of this drug.

I believe that this system provides us with a viable method to allow deserving producers necessary products at reasonable costs. The only way this system can be considered to have any merit is if it is enforced. If such a system is used as a smokescreen to continue imprudent drug use, there will be further incentive for the F.D.A. to more strictly enforce the law.

As well as being prepared to enforce our policy, and refuse drug sales to some clients, we must also be prepared to assist those that aren't meeting our criteria, but would like to. If a manager tells us his drug use is excessive because his disease incidence is excessive, we must have a plan formulated for bringing the health problems under control. This brings us back to production medicine. You can't tell a farmer he is treating too much mastitis if the only assistance you provide for mastitis is treatment. When a client's drug use doesn't meet our guidelines, he is not simply refused service. He is offered management assistance aimed at reducing the need for drug treatments.

Many practitioners have asked how they should handle good clients that demand extra-label drug dispensing. My answer is, "learn to JUST SAY NO!"

## On to Indianapolis



*Dr. David McClary, left, President-Elect invites a colleague to attend the 23rd AABP Annual Convention which will be held in Indianapolis, Indiana on September 13-16, 1990 in conjunction with an international mastitis meeting sponsored by the National Mastitis Council.*

## XVI World Buiatrics Congress August 13-17, 1990 Salvador - Bahia - Brazil, S. America



*Dr. Rene' Dubois, President WAB Congress, center, discussing the Congress with AABP representatives in Kansas City. Further information from Dr. Harold Amstutz P.O. Box 2319 W. Lafayette, IN 47906 FAX: 317 494-9353*



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reduce the shedding of BRSV among  
susceptible calves and cows

\*L. canicola, L. grippotyphosa, L. hardjo, L. icterohaemorrhagiae, L. pomona

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