

# Cow - Calf/Feedlot Split Session III

Dr. Ray Ivie, *presiding*

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## Stocker Calf Receiving, Vaccination and Treatment Program

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The two most important items in receiving light weight stocker calves are time to take care of them and a place to take care of them. We have a lot of data to suggest 25% of the problems we have with receiving animals is associated with shrink involved in animal transport. Our more recent analysis of received animals suggest another 25% of our problems are associated with either the order buyer or geographical location from which the calves came. I believe we are eventually going to pin 25% of our death loss on receiving conditions. (time, facilities, and people).

I would like to see animals given access to water and hay on arrival. A small quantity of electrolytes in the water would be acceptable, but I am not in favor of medication in either feed or water. After a 12 to 24 hour rest, processing should be done as easily as possible. Most people who have good intentions get in too big a hurry. Vaccines are all stressful in themselves so a balance between vaccination stress and vaccination protection should be strived for. I personally have seen more benefit from not forcing animals through the stress of processing when their subsequent exposure to other animals could be limited, than from over handling and over vaccinating.

When animals will continue to be co-mingled as most of ours are, I like to have them vaccinated as early as possible for all **contagious** diseases including *pasteurella* species. I have tentatively seen excellent results from the *Pasteurella hemolytica* modified live vaccine even when used with an antibiotic. Most of the preconditioning research has dealt with preshipping vaccine plus weaning or preshipping weaning alone. I personally feel vaccination is the most important factor. I believe in the future we will contract delivery of stocker and feeder animals thus it will be possible to get vaccination accomplished before shipping occurs. I think it would help if it were only a few days ahead of what we get done now.

The treatment program I endorse does not include classes of drugs not cleared for use in food animals. However I understand the FDA only reads labels and it makes them no difference whether a drug like dexamethazone as a

compound is cleared, it must have "for use in food producing animals" on the label.

I strongly suggest using the best drug possible first. The drugs that look best for us are spectinomycin, amoxicillin and sulfachloropyridazine. I would always prefer to use my sulfa drugs first because they are more effective before the exudation process has mounted. Sulfachloropyridazine seems to be effective only for one or two treatments. I would suggest a rapid change to another drug such as amoxicillin the first day the animal didn't look better. I place a great deal of faith in visual appraisal as well as temperature response, in fact, I would much prefer an animal be looked at and studied several times a day than to have its temperature taken. Spectinomycin has in the past been extremely effective. I don't like the use of combination drugs, it seems only to add to the cost. There may be one exception which includes either Tylocin or Erythromycin on a first day basis only for some effect against mycoplasma. Tylocin is very effective but must be used at a large dose and erythromycin has a nice effect against pasteurilla but makes the animals very sore. **I never give antibacterials IV.** Intravenous therapy increases the toxicity and the treatment stress. The use of vitamins is optional. On one hand I think they are helpful and on the other they cause one more needle hole in the animal. It is so much better to aim your supportive therapy through the feed. Once again I repeat I don't like antibiotics in the feed. I do however like lactobacillus—at least it doesn't hurt anything.

**There is one time when antibiotics do a super job in the feed. That is when a pen looks real bad and it is early in the course of the disease. I like to use 4 to 5 grams per head of Oxytetracycline or Chlortetracycline hand mixed in the feed daily for 3 days followed by 5 days of lactobacillus in the feed.**

Revaccination of the entire pen of animals at 7 to 10 days has been useful when combined with mass medication using oxytetracycline at 10 mg per pound IM or Sub Q. I have mass medicated and revaccinated pens of animals that were suffering from O.P. poisoning. It looks very much like acute

respiratory disease. I now am pretty quick to check cholenestrage levels in early respiratory or CNS pulls.

Parasites have given us a bad time this year. I strongly suggest checking fecals, plasma pepsinogen levels, plasma total protein, and eosinophil counts on animals with

diarrhea disease. We have suffered a nightmare with a group of eastern animals this summer. After three dewormings using levamisole, thiabendizole and pyrintal we still had a problem due to encysted larvae.

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