

Stocker Calf Receiving, Vaccination and Treatment

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Stocker calf receiving, vaccination, and treatment is a very important part of my practice.

I practice in north central Oklahoma which is one of the top wheat producing areas in the United States. When weather and moisture conditions are favorable we have a great deal of very good wheat pasture.

There are many thousands of stocker calves purchased and moved into our area. These calves are 400 pounds when they are purchased. They are pastured on the wheat for 120-150 days. These cattle are expected to gain 1½ to 2 pounds daily and will be shipped to feedlots in the middle of March weighing approximately 650 pounds.

Because these calves are much smaller and in many cases have never been weaned or may not have had any vaccinations, the respiratory problems are many times more serious than those problems seen in the larger animal going into feedlot situations. The larger feeder cattle have in most cases been exposed to and have been immunized for many etiological agents.

We receive and process large numbers of stocker calves at our clinic during the wheat pasture season. I am going to talk about the receiving and processing that we do routinely at our clinic. The cattle that are received by the producer on his premises are handled very similarly.

It is not uncommon for several semiloads of calves to be delivered at our clinic each day. This fall we have been processing three to four hundred calves daily with an occasional day numbering in excess of 600 calves. These calves are usually delivered during the night or early morning. These calves are worked then taken home by the producer. They are usually all taken home by evening.

I believe in working these cattle upon arrival. I feel they are already stressed and think it is better to work them than to wait and stress them again. I feel that cattle that are not worked upon arrival should not be processed for a considerable time probably 3-4 weeks. Because these cattle are in our clinic we have to do everything that we are going to do because they will not be brought back.

Our processing consists of worming, implanting, vaccinations, castration, dehorning, antibiotics, branding, dipping or pour on.

We worm 100% of all cattle we process. I am sure that some do not need to be wormed but many do and we need to worm them all in order to get the ones that do need it. A very important factor to consider is that wheat pasture is a very clean environment and if all these cattle are wormed then put out on this clean pasture the chance of reinfestation is greatly reduced or non-existent. We are presently using

thiabendazole (Merck). By using the foot operated bulk dispensers we are saving about 5% over the small tubes and are realizing another saving by being able to regulate the 400 pound or smaller dosage. Presently it is costing about 80¢ to worm a 400 pound calf.

We implant nearly all of these calves and I don't think we need to discuss the merits of implanting. I am sure that we are all in agreement that implanting increases weight gains. We use Ralgro (IMC), Synovex (Syntex), and Compudose (Elanco). We find ourselves using more Ralgro because of the ease of administration. I am convinced that the slower techniques of implanting with Synovex or Compudose may result in better implanting. It is very easy for hired help to let the easy Ralgro administration become routine enough that many crushed implants or complete misses may occur.

Vaccination programs are a very controversial subject and the short time that I have today certainly is not long enough to devote very much to this area. For blackleg we vaccinate with *Clostridium chauveii* and *septicum* routinely. I feel that this 2-way vaccine is enough in our practice area. I certainly have no argument with those who are using 7-way or other multiple strain clostridial vaccines. Several of these strains really need revaccination to be really effective and in my practice most cattle would never receive the second vaccination.

All cattle receive modified live IBR-lepto or modified live IBR-lepto, PI₃ intramuscularly. We use very little intranasal vaccine. We are presently not using killed IBR-PI₃. The killed virus vaccines, in the past, have been too expensive for routine use. This has changed somewhat now. We do not use BVD vaccine in our routine processing. We do not see very many clinical cases of BVD in our practice area and do not feel that it is a very serious problem. For a number of years I had a fear of modified live BVD because of its immune-suppression reputation. If a significant number of BVD cases were being seen in our practice we would be vaccinating for BVD possibly with a killed vaccine.

Haemophilus Somnus has not been included in our routine vaccination program. We are however using it for a few clients. *Haemophilus* is being isolated quite frequently in our diagnostic laboratories. I am not sure what part of the bovine respiratory problem it is. We are concerned with some lameness and central nervous system problems. We have had mixed results with vaccination.

We have never used killed *Pasteurella* vaccine in our practice. We are certainly interested in the new modified live *Pasteurella* but have not use it. There has been very little promotion of this production in our area and the fact it is

recommended to not use with antibiotics, we have been hesitant.

Antibiotics are given to all cattle during the processing procedure. We use most of the antibiotics which are available. We use considerable amounts of tetracyclines. We have been using an increased amount of LA 200 (Pfizer) with favorable results. We have used a lot of benzathine penicillin which gives us a sustained action like the LA 200 but is considerably cheaper. Allergic reaction to the penicillin products are often experienced sometimes being fatal.

The routine use of sulfas or sustained sulfas are not a part of our regular processing. These would be saved for that very sick load or severely stressed. The sulfas are however used very extensively in our treatment programs.

Dehorning is usually done if the calf is horned. Many people now are requesting tipping instead of complete dehorning. I do not really like to tip horns because of the difficulty of controlling hemorrhage. I know many do nothing to stop the bleeding but this really does not look good to see all this bleeding at a veterinary clinic. We have a hydraulic dehorner on each chute and can dehorn and pull arteries really easier than tipping.

Bulls are usually castrated. It is our experience that these semiloading of cattle will be either mostly steers or mostly bulls. It is not unusual for some of these southern loads to be eighty percent bulls.

We have a dipping vat at our clinic and the majority of these calves are dipped, especially during the warm weather during the early fall. We are trying to control lice, ticks and ear ticks. Many of these cattle are not dipped at the proper time for good grub control. If the producer does not dip he usually will request these cattle to be poured with one of the pour-on products. It has been my experience that "pour-ons" do not do a good job controlling lice.

Cattle are taken home immediately after processing. These calves are usually in a starting or confinement area for a two to three week period. This allows the producer to observe the cattle and treat those that may require treatment. These cattle usually receive some concentrate in their ration during this time. Many producers mix ground hay and twenty to thirty percent grain. Other producers may purchase commercially prepared receiving feeds. Rations that supply a source of energy are very important for these sick and stressed cattle.

Coccidiosis is a problem that we see quite often. I feel it is important for a control program. A coccidiostat must be

used to break the cycle. Many times coccidiosis will show up early during the time these cattle are in the confinement area. Nervous coccidiosis is a reality in our practice area and shows up any time. It is very important to treat all these cattle before turning them out on the clean wheat pasture. If there are no untreated cattle added to these cattle, reinfestation is almost eliminated. The product I prefer to use, during this confinement period, is decoquinate (Deccox-Rhone-Poulenc). This product needs to be added to the feed for twenty-one to twenty-eight days at the rate of .5mg/kg or 22.7mg/100 pounds body weight. This product costs about seventy cents for the entire feeding period. Because this is the only time many of these cattle will be receiving grain it is important to put them on the coccidiosis control as soon as possible. The feed program is more economical than the five day water treatment with Amprolium (Merck). We do however use a lot of the Amprolium treatment in those cases in which the feed route is not practical. The coccidiosis risk can be reduced greatly by using this control program before the cattle get on the clean pasture. We see less cases of coccidiosis and non-specific scour problems throughout the grazing season in those herds in which a control program has been carried out. The only good treatment I know for the nervous coccidiosis problem is to try to control coccidiosis and reduce its prevalence in the herd.

The treatment of these calves is a very complex and controversial issue and there is certainly not time to adequately cover this. I feel that successful treatment depends upon the producer or his caretaker's ability to recognize sick calves and be able to initiate treatment early in the disease process. Clients often ask what antibiotics should be or should have been used. I tell these clients that the choice of antibiotics is usually not nearly as important as when it is first used, how long it is used and at what dosage levels.

We use most of the antibiotic preparations that are available to us for this use. We have in the past used many of the so called extra label use drugs and feel that many cattle were saved because of their use. Because of recent F.D.A. rulings we as most other practitioners are taking a serious look at all extra label use drugs and are looking for products to take their place.

The successful treatment of the bovine respiratory complex in stocker calves remains one of the really big challenges in bovine practice.