

**APPENDIX A**

# Heifer Management Survey

## NC-119

**Basic Information**

Name	
Address	
County	
DHI Herd Code	
Number of Cows in Milking Herd	
Recorder	
Date	

**General Herd Description**

1. In the last 12 months:  
 How many calves were born (assumes heifers and bulls)? \_\_\_\_\_  
 How many of these calves were born dead or died within 24 hours? \_\_\_\_\_  
 How many of these died...  
     < 3 months of age? \_\_\_\_\_  
     > 3 months of age? \_\_\_\_\_  
 How many were sold as...  
     non-breeder culls? \_\_\_\_\_  
     others? \_\_\_\_\_

ALL QUESTIONS ARE BASED ON MANAGEMENT PRACTICES USED DURING THE PAST 12 MONTHS. Listed below are practices you may have used in the care of the dam. Indicate whether or not you used the practice in the last year.

- |                                    | No                       | Yes                      | Frequency (times/year) |
|------------------------------------|--------------------------|--------------------------|------------------------|
| 2. Worm the milking herd           | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| 3. Vaccinate against leptospirosis | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| 4. Vaccinate against IBR           | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| 5. Vaccinate against BVD           | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| 6. Body condition score dry cows   | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |

**Calving Facilities**

7. What was the main type of calving facilities (maternity) you used for your milking herd (not heifers)?

- A Pasture  
 B Dry lot  
 C Maternity Pens - Housed with Milking Herd  
 D Maternity Pens - Housed Separately  
 E Stanchions or Tie Stalls  
 F Free Stall Area - Housed with Milking Herd  
 G Free Stall Area - Not Housed with Milking Herd  
 H Loose Housing Area  
 I Other (describe) \_\_\_\_\_

8. What type of bedding did you use in the maternity area?

- A Straw  
 B Hay  
 C Sawdust - Wet  
 D Sawdust - Kiln Dried  
 E None  
 F Other (describe) \_\_\_\_\_

**Colostrum Feeding**

9. How did you usually feed first colostrum to newborn calves?

- A Allow calf to nurse dam  
 B Assist calf feeding from dam  
 C Feed from open or nipple bucket or bottle  
 (not allow calf to nurse dam)  
 D Esophageal feeder

10. Did you usually wash the cow's udder after calving? (before calf nursed or colostrum was milked)

- A No  
 B Yes

11. When did calves first receive colostrum? (what is normal, not the exceptional cases)

\_\_\_\_\_ hour(s)

12. How much colostrum did you normally feed the calf at the first feeding?

\_\_\_\_\_ quart(s)

13. How much colostrum did you normally feed the calf in the first day of life?

\_\_\_\_\_ quart(s)

14. Did you use any frozen colostrum for newborn calves?

- A No  
 B Yes

- If yes,  A Problem cases only (includes pre-partum milking)  
 B Offspring of first calf heifers  
 C All calves

15. When did you usually separate the calf from its dam?

- A At birth and before nursing  
 B Following one nursing (6 to 8 hours)  
 C Following \_\_\_ day(s) of age

16. At what age did you start feeding grain (starter or other grain) to calves?  
 \_\_\_\_ days

17. Did you feed forage to calves before weaning?

- A No  
 B Yes

If yes, at what age did you start? \_\_\_\_ days

If yes, list \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Did calves have access to drinking water before weaning?

- A No  
 B Yes

If yes, at what age did you start? \_\_\_\_ days

### Other Aspects of Raising Young (Pre-Weaned) Calves

19. What are the major types of pre-weaned calf raising facility(s) that you used in the winter and the summer of last year? (Check appropriate ones)

	Winter	Summer
Hutches (individual)	<input type="checkbox"/>	<input type="checkbox"/>
Group pens (outdoors)	<input type="checkbox"/>	<input type="checkbox"/>
Group pens (indoors, in dairy barns)	<input type="checkbox"/>	<input type="checkbox"/>
Group pens (indoors, in separate barns)	<input type="checkbox"/>	<input type="checkbox"/>
Elevated stalls - wood (in dairy barns)	<input type="checkbox"/>	<input type="checkbox"/>
Elevated stalls - wood (separate barns)	<input type="checkbox"/>	<input type="checkbox"/>
Elevated stalls - metal (in dairy barns)	<input type="checkbox"/>	<input type="checkbox"/>
Elevated stalls - metal (separate barns)	<input type="checkbox"/>	<input type="checkbox"/>
Individual pens (in dairy barns)	<input type="checkbox"/>	<input type="checkbox"/>
Individual pens (in separate barns)	<input type="checkbox"/>	<input type="checkbox"/>
Tied	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

20. What is the primary type of bedding used in your calf raising facility (where applicable)?

- A Straw/hay  
 B Sand  
 C Sawdust/wood shavings  
 D Newspaper  
 E Corn cobs/stalks  
 F Other (specify)

21. How old are calves when you usually wean them?  
 \_\_\_\_ weeks

22. How do you decide when to wean calves?

- A Size  
 B Age  
 C Grain intake  
 D Other (specify) \_\_\_\_\_

**Replacement Herd Health**

23. What is the predominant disease problem with calves less than 3 months of age in your herd?
- A Digestive  
 B Respiratory  
 C Other (specify) \_\_\_\_\_
24. Listed below are some of the vaccinations you might have used with your calves and heifers in the past year. For each measure, check the appropriate answer.
- | <u>Vaccinations</u> | No                       | Yes                      | Frequency Before Calving |
|---------------------|--------------------------|--------------------------|--------------------------|
| Brucellosis         | <input type="checkbox"/> | <input type="checkbox"/> | _____                    |
| IBR                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                    |
| BVD                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                    |
| PI3                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                    |
| BRSV                | <input type="checkbox"/> | <input type="checkbox"/> | _____                    |
| Leptospirosis       | <input type="checkbox"/> | <input type="checkbox"/> | _____                    |
| Virus calf scours   | <input type="checkbox"/> | <input type="checkbox"/> | _____                    |
| Other (list) _____  | <input type="checkbox"/> | <input type="checkbox"/> | _____                    |
25. Did you worm heifers during the past year?
- A No  
 B Yes
- If yes, when and which product did you use? \_\_\_\_\_  
 \_\_\_\_\_
26. Do you use a coccidiostat or coccidiocide for coccidiosis control?
- A No  
 B Yes
- If yes, what product do you use?
- A Bovatec  
 B Corrid  
 C Deccox  
 D Other (specify) \_\_\_\_\_
27. What if any form of animal restraint is available in your heifer housing (raising) areas? (check groups where answer is yes)
- |           | Newly Weaned Calves      | Yearling Heifers         | Bred Heifers             |
|-----------|--------------------------|--------------------------|--------------------------|
| Headgates |                          |                          |                          |
| single    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fenceline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stanchion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Reproductive Management**

28. What is your goal for age at first calving?  
 \_\_\_\_\_ months
29. What is the determining factor for when you decide a heifer is ready to be bred for the first time?
- A Age  
 B Weight  
 C Both age and weight  
 D Other (specify) \_\_\_\_\_

30. What method of breeding heifers do you use?  
 A AI only  
 B AI first time, then bull  
 C AI first and second time, then bull  
 D Bull only  
 E Other \_\_\_\_\_
31. What type of bulls are used for heifers?  
 A Dairy - same breed as cows  
 B Dairy - different breed  
 C Beef
32. Did you use estrous synchronization in heifers in the past year?  
 A No  
 B Yes  
    If yes, what product did you use?  
         A Prostaglandin  
         B Synchro-Mate B  
         C Other
33. Do you routinely check heifers prior to breeding for reproductive infection?  
 A No  
 B Yes  
    If yes, at what age? \_\_\_\_\_ months
34. Where did your heifers calve? (check all that apply)  
 A Pasture  
 B Dry lot  
 C Maternity pens - housed with milking herd  
 D Maternity pens - housed separately  
 E Stanchion or tie stalls  
 F Free stall area - housed with milking herd  
 G Free stall area - not housed with milking herd  
 H Loose housing area  
 I Other (describe) \_\_\_\_\_
35. Are heifers placed in a pre-calving group prior to calving?  
 A No  
 B Yes  
    If yes, how long before anticipated calving? \_\_\_\_\_
36. Are your first calf heifers grouped by themselves in the milking herd?  
 A No  
 B Yes
37. Do you allow your first calf heifers a longer days to first breeding than older cows?  
 A No  
 B Yes  
    If yes, how much longer? \_\_\_\_\_ days

**Milking Management and Mastitis Prevention**

38. Did calves suckle each other prior to weaning?  
 A No  
 B Yes (>5%)
39. Did heifers have access to a pond or lagoon?  
 A No  
 B Yes
40. Have any heifers been milked pre-partum during the past twelve months?  
 A No  
 B Yes If yes, what percentage? \_\_\_\_\_ %
41. During the past twelve months, did you routinely treat heifers with antibiotics for mastitis prevention prior to calving?  
 A No  
 B Yes  
 If yes, what type of product did you use?  
 A Lactating product  
 B Non-lactating product  
 How long before expected calving were heifers treated? \_\_\_\_\_ weeks

**Replacement Herd Culling Practices**

42. What percentage of heifers were sold  
 A. for extra income (i.e. sold to another dairyman)? \_\_\_\_\_ %  
 B. for beef? \_\_\_\_\_ %
43. Which of the following most closely describes replacement culling practices in your herd?  
 A No culling - all replacements were raised and entered the milking herd  
 B Excess heifers were sold as baby calves  
 C Excess heifers were sold as open heifers  
 D Excess heifers were sold as bred heifers  
 E Excess heifers were sold as springing heifers
44. Which of the following most closely describes your milking herd size within the past twelve months?  
 A Increased by more than 5%  
 B Decreased by more than 5%  
 C Stayed within  $\pm 5\%$
45. What criteria was used to make heifer culling decisions?  
 A Heifer ETA's (Estimated Transmitting Ability)  
 B Heifer's type  
 C Dam's performance in herd  
 D Sire's PTA (Predicted Transmitting Ability)  
 E Other (specify) \_\_\_\_\_  
 F No culling was done

**Records**

46. Is the herd currently enrolled in DHI's Heifer Management Option?

- A No  
 B Yes

If yes, how long have you participated in this option? \_\_\_\_\_ years, \_\_\_\_\_ months

**Miscellaneous**

47. What percentage of the herd is registered?

- A 0%  
 B 1 - 49%  
 C 50 - 99%  
 D 100%

**Nutrition****Pre-Weaned Calves**

48. FEED - Quantity and Cost Per Animal

## A. Milk Fed

1. Lbs milk fed per day \_\_\_\_\_  
 2. Number of days fed \_\_\_\_\_  
 3. Value of milk, \$ per cwt. \$ \_\_\_\_\_

## B. Milk Replacer (not first three days)

1. Lbs. replacer fed per day \_\_\_\_\_  
 2. Number of days fed \_\_\_\_\_  
 3. Milk replacer cost, \$ per lb. \$ \_\_\_\_\_

## C. Discarded Milk (Colostrum/Mastitic)

1. Lbs. milk fed per day \_\_\_\_\_  
 2. Number of days fed \_\_\_\_\_  
 (Note : Collect feed tag)

## D. Calf Starter

1. Lbs. calf starter fed per day \_\_\_\_\_  
 2. Number of days fed \_\_\_\_\_  
 3. Calf starter cost, \$ per lb. \$ \_\_\_\_\_  
 (Note: Collect feed tag)

## E. Hay

1. Lbs. hay fed per day \_\_\_\_\_  
 2. Number of days fed \_\_\_\_\_  
 3. Hay value, \$ per ton \$ \_\_\_\_\_

49. Who is primarily responsible for feeding baby calves?

- A Owner  
 B Spouse  
 C Child  
 D Herdsman  
 E Hired help  
 F Other (list) \_\_\_\_\_

50. Provide information requested in the table below for all heifer groups from weaning to calving.

Group/Pen* Description	List all feedstuffs being fed to each group. (forages, concentrates, by-products, additives, etc.) Include quantities (#/head/day) and analysis if known.	Method of grain feeding (TMR, top-dressed, etc.)	Housing description (confinement, semi-confinement, pasture - if pasture, note months receiving nutrients)
Group:			
Typical number in group:			
Age range:			
Group:			
Typical number in group:			
Age range:			
Group:			
Typical number in group:			
Age range:			
Group:			
Typical number in group:			
Age range:			
Group:			
Typical number in group:			
Age range:			
Group:			
Typical number in group:			
Age range:			

\* A group/pen is a collection of animals that are housed and fed together.