

FARM VISIT QUESTIONNAIRE

Farm Name: _____

Farm Owner/Key Contact(s): _____

Date of Visit: _____

1. How many cows are currently milking? _____

2. Which herd mgmt./record-keeping system is used on the farm? _____ Farm code: _____

3. What is the DHIA testing frequency? _____

4. Herd SCC on last test day? _____

5. Average herd SCC from last three tests? _____

6. Full-time employees on the farm? _____

7. Approximate number of animals dried off per month? _____

8. What is the current dry-off protocol?

9. What are some concerns about implementing a SDCT program?

10. How will a SDCT program be beneficial to the farm?

11. SDCT treated animal criteria:
- SCC cut point: \geq 200,000 _____ cells/ml
 - Clinical mastitis events: \geq 2 _____ Or 1 case of mastitis in past 1 _____ months
 - Culture Results \leq 10 days before dry off: _____ positive?
 - Will these animals receive a teat end sealant? Yes / No If yes, Product: _____