**ANNUAL REVIEW OF HEALTH AND PERFORMANCE RECORDS**

**FARM NAME:**

**DATE: From……………..To………………..**

Health and performance should be monitored on an ongoing basis. The scheme requires the table below to be completed **annually**. It requires the collation of incidence of conditions and information from various health and performance records. There is no direct impact on certification if incidence of a health issue is high and it is being acted upon. This section, once completed, must be reviewed by a vet– this information must be accurate to be meaningful and useful in the veterinary review.

**Health and performance information that must be collated for monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No. of cases** | | **Comments, Observations (e.g. pattern in timing, common causes)** |
| **Total** | **Per 100 cows\*** |
| **Lameness** |  |  |  |
| **Mastitis** |  |  |  |
| **Culling Rate** |  |  |  |
| **Main Reasons for culling** | **1.**  **2.**  **3.** | | |
| **Involuntary culls I.e. number of animals that died/ emergency slaughtered (on-farm)** |  |  |  |
| **Calf Mortality –**  **0-24 hours**  **(incl. stillborn)** |  | (losses per 100 cows calved) |  |
| **Calf Mortality –**  **24 hours – 42 days** |  | (losses per 100 cows calved) |  |
|  |  |  |  |

**\*** To determine number of cases per 100 cows, calculate: Total number of cases x 100

Total number of cows

**COMPLETED BY:**

Name: Role on farm: (e.g. farmer, herdsman, vet)

Declaration:

The information recorded above is, to the best of my knowledge, is accurate and a true reflection of incidences on the farm. Where required, relevant records will be provided to the vet to undertake the annual herd health and performance review.

Signed: (farmer/ herdsman) Signed: (and vet if applicable)

Date:

**3.2 *Health and performance information it is recommended is collated for monitoring***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Number of cases*** | | ***Farm***  ***Target (s)*** | ***Comments, Observations*** |
| ***Total*** | ***/ 100 cows*** |
| *Health and Welfare* | | | | |
| *Mobility Scoring –*  *Score 2 and 3 cows*  *(impaired and severely impaired mobility)* |  |  |  | *Number of cows scored =*  *Date of most recent scoring = / /* |
| *Milk Fever* |  |  |  |  |
| *Hypomagnesaemia*  *('staggers)* |  |  |  |  |
| *Retained Foetal*  *Membranes* |  |  |  |  |
| *No. of assisted calvings* |  |  |  |  |
|  |  |  |  |  |
| *Survivability and Productivity* | | | | |
| *Fertility Parameters*   * *Days to 1st service* * *Conception Rate (%)* * *Calving Interval (days)* * *Females reaching second calving* |  |  |  |  |
| *Average Number*  *Of Lactations* |  |  |  |  |
| *Av. Milk Yield (state whether yield is related to days, lactation etc).*   * *Cows* * *Heifers* |  |  |  |  |
| *Av Milk Quality (12 months)*   * *Butterfat %* * *Protein %* * *Bactoscan* * *Somatic Cell Count* * *Urea* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Use the blank rows to include other conditions that are most relevant to the farm.

**HEALTH AND PERFORMANCE REVIEW, INCORPORATING ANTIBIOTIC REVIEW**

**FARM NAME:**

**VET REVIEW OF DATA AND RECOMMENDATION OF ACTIONS/ PRIOIRTY AREAS**

This section must be completed by a vet at least annually. As part of the review, the vet may need access to the records that have been used to collate data (e.g. medicine records).

1. I have reviewedherd health plan andhealth and performance recordsrelated to:

* Lameness []Tick if seen
* Mastitis [ ]
* Culling and mortalities [ ]
* Other diseases and conditions (where available) [ ]

(State any others seen)……………………………………………..

1. I have discussed BVD Free initiatives and Action Johne’s as appropriate [ ]
2. And as part of the review I have also inspected:

* Cows in milk []Tick if seen
* Calves [ ]
* Dry Cows [ ]
* Other youngstock [ ]
* Stock bulls [ ]
* other (list)………………………………………………………….

1. And recommend that the following priorities are acted upon within the specified timeframe:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Priority | Actions to address | Complete by (timeframe) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. I have reviewed the medicine records, including the antibiotic collation [ ]
   * I have discussed the use of Highest Priority Critically Important Antibiotics [ ]
   * I have reviewed antibiotic failures (where applicable) [ ]
   * I have made recommendations (below) for responsible reduction of antibiotic usage [ ]
   * I have reviewed the use of dry cow therapy and protocols and made recommendations for selective antibiotic use if appropriate [ ]
2. And recommend that the following priorities are acted upon within the specified timeframe:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Priority | Actions to address | Complete by (timeframe) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

The relevant sections (to these priorities)of the Herd Health Plan should also be updated.

The priorities and actions I recommend above are based upon the data and facts provided to me and the cows inspected on the day. As such the effectiveness of my recommendations could be limited by the accuracy of the information provided and whether the cows seen are a true reflection of the herd.

|  |  |
| --- | --- |
| Vet name |  |
| Vet practice |  |
| Date completed |  |