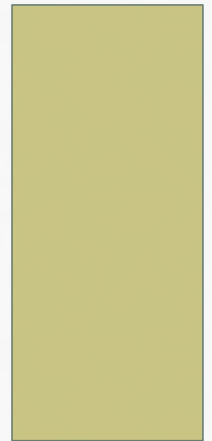
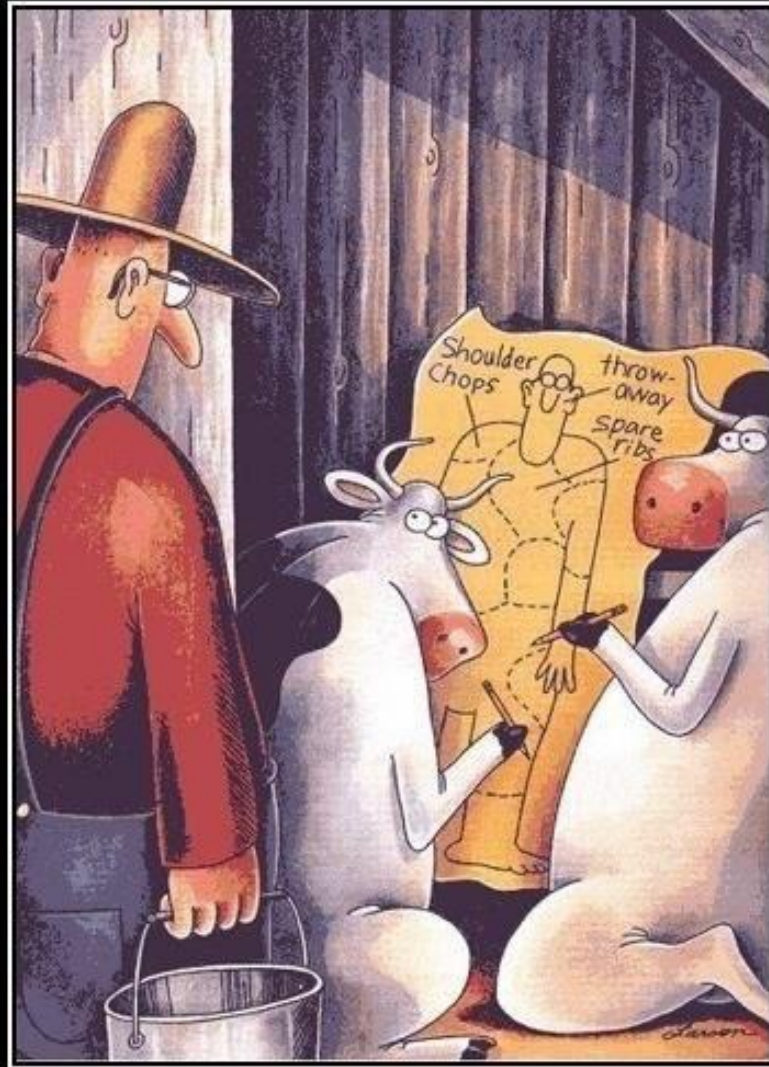


ESTABLISHING ANIMAL HEALTH PROTOCOLS

20TH WESTERN CANADIAN FEEDLOT MANAGEMENT
SCHOOL





That awkward
Moment

BACKGROUND

- Grew up on a small dairy
- Vet Tech for 25 years
- Research with domestic swine at CFB Suffield
- Managed farrowing/finisher hog barn for 7 years
- Feedlot for 15 years
- Presently manage BPCC for the past 6 years

OBJECTIVE

- Establishing a vet/client relationship
- Developing protocols from cow to feedlot calf
- Feedlot perspective- consistent protocols that are easily implemented by new and existing staff
- Protocol timing, proper antibiotic for stage of animal
- Day to day realities, accepting the challenges of implementing set protocols, be it feedlot or ranch
- Dealing with tough calls....who and how
- Changing times?

VET/CLIENT RELATIONSHIP

- Takes time, respect and trust to establish
- Site visits
- Ideal number ...annually/quarterly or more??
- Require many open lines of communication via phones calls, texts or team viewer presentations and on-site visits
- Always flexible depending on herd health and client requirements
- Report cards key

PROTOCOLS ESTABLISHED BY...

- Most importantly you need to develop a protocol that works for you and your herd
- Vet knowledge of latest research, new drugs and how it can benefit your operation
- Personal preference/experience
- Cost/benefit ratio, not only on individual animal usage but also how programs bundle together to maximize rebate programs

SETTING THE STAGE FOR THE COW/CALF



BOSS IS LIKE

**JUST TAG THE CALF, SHE'S ALL
BLUFF**

GROUND ZERO....COW

- Best protocols start right from the source
- Establish a solid vaccination protocol that works for your herd....smaller herds may be able to rehandle, timing benefits?
- Remain consistent
- Proper nutrition is key
- Healthy cow = healthy calves
- Regular monitoring and removal of sub par moms
- Know your cows to establish a herd history, takes years

WEANING....CALF

- Follow through with consistent protocol for weaned calves
- Minimize stress
- Pain meds are becoming more important
- No matter what type or size of operation...knowing your calves is equally as important as knowing your COWS
- None of these comments should be ground breaking news to anyone; to keep performance, morbidity and mortality in check, YOU NEED TO KNOW YOUR CATTLE

FEEDLOT

- On arrival all animals are treated with same UHR protocol
- Clean fresh water and a familiar feed in bunk....typically hay
- Minimal stress is key
- Different protocols for type of animals calves vs yearlings, fats, hfrs vs strs
- Start an early foundation of healthy animals to continue all way through the feeding period
- Important note....all the best treatment/vaccination protocols are compromised if the calves are not given the proper feed, a calf that will not eat is a dead calf!

FEEDLOT

- Sometimes stale calves, roll over calves and ‘pee wee” calves arrive
- How they are handled in the first 24 hrs is critical
- Process calves promptly, we may not even give them time to rehydrate, the sooner they ‘settle’ the better
- Put in pen with fresh feed, water and bedding asap
- Bunk management crucial
- Consistent feed in bunks
- Feed for the health of animal

PEN RIDING CREW

- Cowboys/cowgirls
- Have to have an “eye” for cattle
- Checking cattle is hard to teach....look for the early subtle signs....not the obvious late ones
- Late ones= deads or chronics
- Cowboys assess and pull cattle then treat with the drugs established for protocol
- Use discretion and common sense

- New pen riders receive a treatment protocol booklet
- Shows typical feedlot issues; along with signs to look for at its current stage of the feeding program
- New pen riders are sent with lead cowboy to get a feel for ability
- Every fall there is a cowboy mtg to ensure everyone on same page and knows protocols
- Regular discussions with pen riders and processors on incoming cattle history, condition and feed
- Need to get back to KISS

QUESTIONS?

GENERAL FEEDLOT CHALLENGES

- Look for seasoned cattlepeople; very rare
- Today's labor force scarce in general with not as many agriculturally based people
- Sometimes have to hire people with less agricultural experience
- Need to teach the proper skills
- Forced to think outside the box
- Today we have a better understanding of some of the diseases.....more specific diagnosis
- Example...used to treat for just PNO now BIP, AIP, FIB
- Trying to keep protocols simpler and easier to understand
- Have made 'Computer Cowboys' who are reliant on what the computer says and are losing the art of pen checking
- Computer tells us what, where and how long to treat this is necessary for consumer confidence

- Newer pen checkers tend to pull harder, they are unsure of what to look for; ok to pull a few “check” animals for a benchmark but....
- Some guys pull based off of percentages
- Very costly attitudes!!
- Never pull an animal with the mentality
 - “Oh well it gets treated anyway”
- Most cases fall under blanket protocol

- Need to assess animals before, during and after being pulled
- Just like in a cow herd you need to know your cattle
- Treatment cost is critical
- Can not afford to waste/over use drugs
- Pressure from society to be antibiotic free, consumer confidence is key!
- Tough calls always involve myself in which the animal is thoroughly assessed and the final call is made on whether to treat, salvage or euthanize animal
- Treat quickly, cost effectively and properly
- Hate not giving the animal the benefit of the doubt

HISTORICALLY

- In earlier days we were limited by area; One vet per X miles
- Vet would do regular herd health visits
- Vet would suggest “best” vet med treatments of that time
- Some treatment antibiotics that have lasted
- LA for foot rots and PE
- LP and thiamine for ND/Polio
- Penicillin is not commonly used anymore

- Had limited BRD drugs
- Used to be LA with 2 treatments
- Everything on arrival was mass treated with LA
- 5 days later pull and retreat
- Then Micotil was introduced
- Started to temp animals
- Some still temp every animal at arrival but time consuming
- No temps, received one drug

PRESENT DAY

- Instant communication
- Ability to choose vet service
- Not necessarily local, now more consulting than hands on every animal
- Vets set protocols for treatments
- Fewer on site visits
- Continued annual progress reports
- Communication key
- Personally I don't think diseases/health issues have really changed
- There is better research and understanding on problem the areas of health issues

- Biggest asset to industry has been the access to a 'bigger basket' of longer acting drugs, less times handled= less stress
- BRD drugs typically given as a one-time induction drug
- Draxxin
- Zuprevo
- Resflor
- Want to make clear I am not promoting one drug or another
- Drug I like to use has proven to work time and time again, we all have personal preference by our own experience
- I believe "if it ain't broke"
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RECAP

- Build that Vet/Client relationship requires communication, communication, communication
- Have a defined consistent vaccination/handling protocol... from cows; to newborn calves, from induction to finish
- Allow some flexibility on treatments within protocol
- Know antibiotic withdrawls
- Monitor dead reports
- Be aware of new research but go with what works for you
- Do not be afraid to try something new and think outside the box
- Remember to question your vet
- Always remember....you as producer/owner have the final say on protocol
- KNOW YOUR HERD



"Maybe it's not me, y'know?... Maybe it's the rest of the herd that's gone insane."

QUESTIONS?

