

Veal Operations: Assessment for Risks for *Salmonella* Dublin Entry and Spread

Herd owner's name: _____ Herd/Farm name: _____

FARM Premise Identification Number (PID): _____

Herd veterinarian: _____ Veterinarian email: _____

Operation Inventory – calves:

Number of calves, pre-weaned: _____

Number of calves, weaned to market age: _____

Herd disease status:

Has there ever been a diagnosis of *Salmonella* Dublin in this herd? Yes No

SINCE Jan 1 2016 what percent of calves have been affected **before** weaning by:

Respiratory disease (pneumonia) _____%

Diarrhea (scours) _____%

SINCE Jan 1 2016 what percent of calves have been affected **after** weaning by:

Respiratory disease (pneumonia) _____%

Diarrhea (scours) _____%

IN the last 12 months:

What % of calves have died while **on milk** ? _____

What % of calves have died **after weaning**? _____

Are there any other notable calf health problems on this operation? Please describe:

Calf movement

IN the last 12 months:

Have you added to the veal operation by purchase or entry from a herd at a different location, either permanently or temporarily:

Milk-fed calves, 3 to 14 days Yes No If yes, what % of calves came at this age? _____

Milk-fed calves, 14 days to weaning Yes No If yes, what % of calves came at this age? _____

Weaned and older calves Yes No If yes, what % of calves came at this age? _____

Calf Movement:

SINCE Jan 1 2016, what percent of calves entering this farm have come from:

- Salesbarn, transport with own truck _____ %
- Salesbarn, transported by someone else's truck _____ %
- Directly from dairy farms, no mixing in transport _____ %
- Directly from dairy farms, mixed during transport with calves from other farms _____ %
- From another veal farm or "calf starter" operation _____ %
- Other? _____ %

Over the last 5 years, have any calves entered this farm from sources outside Ontario? Yes No

If yes, where have they come from (Province, state)? _____

Approximately when did they come? (Month, year) _____

Do you currently have a protocol for testing or quarantining new calves coming onto the farm?

Yes No

If yes, briefly describe: _____

Colostrum:

Do you blood test calves on arrival for antibody or protein levels? Yes No

Milk Feeding Program

Since Jan 1 2016 what percent of calves were fed

- Only whole/waste milk (non-pasteurized) _____ %
- Only whole/waste milk (pasteurized) _____ %
- Only milk replacer (powder) _____ %
- Combination of whole/waste milk and milk replacer _____ %

How much milk is fed to calves?

Age 7 to 14 days _____ litres/day

Age 15 to 28 days _____ litres/day

Age 28 days to weaning _____ litres/day

Risk for within farm infection spread:

Housing

Are calves housed individually (pens or hutches) on arrival? Yes No

If yes, for how long? _____ days

Please describe your calf housing: _____

Do you have disinfection protocols for people when moving from one group or one room of calves to another?

Yes No

If yes, please describe: _____

How is calf housing cleaned between calves or groups of calves? Please describe:

Disease and treatment monitoring:

Are records of calf treatments and diseases kept permanently? Yes No

Cleaning

How often are feeding utensils cleaned?

Nipples:	N/A	daily	weekly	other? _____
Bottles:	N/A	daily	weekly	other? _____
Pails:	N/A	daily	weekly	other? _____

Is disinfectant or soap used to clean feeding utensils?

Nipples:	None used	Use (product name) _____
Bottles:	None used	Use (product name) _____
Pails:	None used	Use (product name) _____

Vaccination:

What vaccines do you routinely administer to calves?

(Please list product names or diseases you vaccinate for)

Antibiotic use (prophylactically):

Do you prophylactically administer antibiotics to calves?

Yes No

If yes please list antibiotic and protocol (ie via feed/water/injection and when)

Antibiotic: _____ Route: _____ Time when given: _____

Antibiotic: _____ Route: _____ Time when given: _____

Antibiotic: _____ Route: _____ Time when given: _____

Water

Water for calves (drinking water or for making milk replacer) on this farm comes from:
(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Drilled well | <input type="checkbox"/> Surface water – river or stream |
| <input type="checkbox"/> Dug well | <input type="checkbox"/> Town/city water |
| <input type="checkbox"/> Surface water – pond | |

Water for calves on this farm goes through a disinfection or treatment process? Yes No

If yes, please describe: _____

Risk to people from *Salmonella* Dublin

Raw milk consumption by people:

Does anyone drink raw milk (unpasteurized) on this farm?	Yes	No
If yes, is it by family members?	Yes	No
If yes, is it by people other than family members?	Yes	No

If yes, how often does someone drink raw milk on this farm?

Daily	Weekly	Rarely	Never
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Has anyone associated with this farm (ie work or live here) been sick with illness that could be Salmonellosis (ie diarrhea, fever)? Yes No

Is there anything else you would like to add that was not covered in this questionnaire that you think might be important regarding the risk of S. Dublin?

Do you have any further questions for the project team?