**Mastitis and Management Questionnaire**

**Farm name:**

**Contact name and position:**

**Date:**

**I. Herd Background**

**Herd inventory:**

| Lactation | 1 | 2 | 3+ |
| --- | --- | --- | --- |
| # Cows milking |  |  |  |
| # Cows dry |  |  |  |
| Totals |  |  |  |

**Breed(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Avg. Milk production per cow per day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Barn type:** ☐ Free-stall ☐ Tie-stall ☐ Other

**Do you purchase any of the following:**

* + Replacements: source **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + Mature cows: source **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + Bulls: source **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are heifers raised on site? ☐** Yes **☐** No

If no, where are they raised? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If no, are heifers commingled with those from other farms? **☐** Yes **☐** No

**Do mature cows travel off site? ☐** Yes **☐** No

If yes, please explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. Milking Equipment**

**Type of milking facility:**

☐ Tie stall, bucket system ☐ Tie stall, pipeline system ☐ Parlor ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have a parlor, please describe:**

☐ N/A ☐ Herringbone ☐ Parallel ☐ Swing ☐ Flat barn ☐ Rotary ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pipeline:** ☐ Highline ☐ Lowline

**# of milking units: \_\_\_\_\_\_\_\_ # of people milking: \_\_\_\_\_\_\_\_\_\_**

**Frequency of milking equipment checks:**

* Once per year ☐ Twice per year

☐ Other: \_\_\_\_ times per year (or \_\_\_\_ times per \_\_\_\_\_\_\_ hours of operation)

**Milkline size: \_\_\_\_\_\_\_\_\_**

**Vacuum controller make & model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VFD (variable frequency drive)?** ☐ Yes, model: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**☐ No

**Vacuum pump model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hp:\_\_\_\_\_\_ Flow capacity (CFM): \_\_\_\_\_\_\_\_\_**

**Pulsator make & model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulsator type:** ☐ Pneumatic ☐ Electric

**Pulsation rate: \_\_\_\_\_\_** / min **Pulsation ratio:** ☐ 50/50 ☐ 60/40 ☐ 65/35 ☐ Other \_\_\_\_\_\_\_\_\_\_\_

**Inflation type:** ☐ Narrow ☐ Medium ☐ Wide **Inflation material:** ☐ Rubber ☐ Synthetic ☐ Silicone

**How often are inflations changed?** Every \_\_\_\_ days (Every \_\_\_\_\_ individual cow milkings)

**Inflation brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you use automatic take-offs?** ☐ Yes ☐ No

**If yes, what are the settings for flow rate? \_\_\_\_\_** lbs/min **delay? \_\_\_\_\_\_** sec

**How often are the milking machines and pipeline washed?** \_\_\_\_\_\_ /day

**What type of detergent is used to wash the machines and pipeline? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What type of sanitizer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What type of acid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the starting temperature of the water for the wash cycle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. Milking Routine**

**# of times milked daily:** ☐ 2x ☐ 3x ☐ 4x ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long does each milking take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there feed available to cows immediately after they are milked?**

* Always ☐ Sometimes ☐ Never

**Please indicate the order of the steps of the milking routine used on your farm.**

***If you do not use a step, put a 0 by it.***

| Milking Step | Order |
| --- | --- |
| Strip out foremilk |  |
| Pre-dip |  |
| Wash udder |  |
| Dry teats |  |
| Attach milk units |  |
| Post-dip |  |
| Hand strip after milking |  |
| Other |  |

**Do milkers wear gloves during milking?** ☐ Always ☐ Sometimes ☐ Never

**Do they use new gloves every milking?** ☐ Yes ☐ No, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brand of PRE-dip used in the-**

**Summer:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Winter:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brand of POST-dip used in the-**

**Summer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Winter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of PRE-dip application:** ☐ Dip ☐ Spray ☐ Foam ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Method of POST-dip application:** ☐ Dip ☐ Spray ☐ Foam ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long is the pre-dip left on the teat?**

☐ <10 sec ☐ 10-30 sec ☐ 31-60 sec ☐ >60 sec

**With what are the udders washed?**

☐ N/A ☐ Sanitizer ☐ Soap ☐ Plain water ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is used to wipe the teats?**

* Paper towels, dry ☐ Cloth towels, dry
* Paper towels, wet ☐ Cloth towels, wet ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many cows are dried with each towel?** ☐ 1 ☐ 2 ☐ 3 or more

**If cloth towels, how often are they washed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Clorox or an acid sanitizer used?** ☐ Yes ☐ No ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are they machine dried?** ☐Yes ☐ No

**If no, then how are they dried? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If used wet, how are they stored until used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you routinely clean the machines or monitor washer cleanliness?** ☐ Yes ☐ No

**Udders are:** ☐ Clipped ☐ Flamed ☐ Unaltered

**Tails are:** ☐ Docked ☐ Trimmed/clipped ☐ Unaltered

**Are certain cows segregated to be milked separately?** ☐ Yes ☐ No

**If yes, please select ALL of the possible reasons a cow would be milked separately:**

* Treated, milk is being withheld
* Treated, though no milk withhold
* Clinical mastitis
* High SCC
* Known to have contagious mastitis
* Needs additional attention (sick, lame, etc.)
* Fresh
* Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there a group exclusively for mastitis cows?** ☐ Yes ☐ No

**Please indicate the order in which the following groups are milked, relative to the wash cycle:**

­­­\_\_\_ Fresh cows \_\_\_ Other milking groups \_\_\_ Mastitis/High SCC \_\_\_ Treated cows

**Are all groups milked in the same parlor?** ☐ Yes ☐ No

**If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many people do intramammary treatment?**

* 1 ☐ 2 ☐ >2

**When giving intramammary injections (mastitis treatment, dry treat), do you:**

**Milk out the quarter** ☐ Yes ☐ No

**Dip and wipe the teat** ☐ Yes ☐ No

**Wipe the teat with alcohol**  ☐ Yes ☐ No

**Insert the partial tip** ☐ Yes ☐ No

**Insert the complete tip** ☐ Yes ☐ No

**Dip the teat after injection** ☐ Yes ☐ No

**Dry cow therapy is used on:** ☐ All cows ☐ Some cows ☐ No cows

**If SOME, cows are selected for treatment based on:**

* Presence of mastitis ☐ Availability of dry treat ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate ALL types of dry cow treatment used:**

☐ Spectromast for dry cows ☐ Quartermaster ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Albadry ☐ Tomorrow
* Dry Clox ☐ Orbeseal

**Target length of dry period: \_\_\_\_\_\_\_\_\_\_** days

**Do you use any J5-type vaccine?** ☐ Yes ☐ No ☐ Some cows: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brand:** ☐ J5 Bacterin ☐ J-Vac ☐ MastiGuard ☐ Endovac-Bovi ☐ Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time given: #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Facilities**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pen #** | **Group** | **# Cows** | **# Stalls** | **Sq. feet** | **Stocking density** | **Bunk length** | **Bunk space/cow** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **66** |  |  |  |  |  |  |  |
| **77** |  |  |  |  |  |  |  |
| **97** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Are these numbers typical?** ☐ Yes ☐ No, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are fresh cows and sick cows housed together?** ☐ Yes ☐ No

**Type of calving area:**

* + Calve in pen specifically for calving
    - Individual cow ☐ Group pen/pack
  + Calve in sick pen
  + Calve in freestalls
  + Calve in tie-stalls/stanchions
  + Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long does a cow typically stay in the calving area?**

* < 2 hours ☐ 2-12 hours ☐ > 12 hours ☐ N/A

**Are special needs cows kept in the calving area?**

* Never ☐ Seldom ☐ Often ☐ Always ☐ N/A

**Do cows lie backwards in the stalls?** ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

**Do cows lie in the alleys?** ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

**Are any waterers or feed bunks easily contaminated with manure?** ☐ Yes ☐ No

**If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you use the same tools or machinery to handle both feed and manure?** ☐ Yes ☐ No

**If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your barn have walkways that cross over the feed alley?** ☐ Yes ☐ No

**If yes, do you scrape across them when pushing up feed?** ☐ Yes ☐ No

**Any other sources of manure contamination in feed (i.e. traffic patterns, work routines, run-off)?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How often are the bunks cleaned of debris and old feed?**

* Daily ☐ 2-3x per week ☐ Weekly ☐ Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are refusals fed to other animals?**

* No ☐ Yes

**If yes, please select all:**

☐ Dry cows ☐ Bred/pregnant heifers ☐ Young heifers ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How do you clean the alleys?**

* N/A, tie-stall barn ☐ Flushing ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Alley scrapers ☐ Skid-steer

**How long does it take to complete one barn-cleaning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How much time is in between cleaning cycles (from start to start)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any exceptions (daily, weekly events): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of manure management:**

☐ Daily haul ☐ Lagoon ☐ Pit under barn ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If lagoon or pit, how often is it hauled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is manure spread on fields which are used in the same season for pasture or hay?** ☐ Yes ☐ No

**Are manure “splash zones” present in the barn (areas where manure is to the cows’ dewclaws or deeper)?**

* Yes, always ☐ Sometimes ☐ Never

**Where are the splash zones located?**

* Holding area for the parlor
* Walkways to and from the parlor
* At the feed bunk
* Alleys in the pens
* Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do cows spend time outside?**

* Never
* Dry cows only
* Milk cows only
* All cows
* Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, outdoor access is (please check all that apply):**

* Barnyard, seasonal ☐ Pasture, seasonal ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Barnyard, all year ☐ Pasture, all year

**Do cows have access to a body of water (including swamp or bog) at least part of the year?**

* No
* Yes

**If yes, the water is:** ☐ Flowing ☐ Standing

**Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The deepest mud/manure the cows ever have to walk through is up to their:**

* Dewclaws
* Between dewclaws and hocks
* Hocks or higher

**Do you use fly/insect control?** ☐ Yes ☐ No

**If yes, please indicate all methods used:**

* Fly tape ☐ Parasitoids ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Fly tags ☐ Pour-on

**Do other animals enter the barn?**

* None ☐ Dog(s) ☐ Cat(s) ☐ Chickens/poultry ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are animals ever present in the following areas?**

|  | Rodents | Birds | Cats | Dogs | None |
| --- | --- | --- | --- | --- | --- |
| Feed storage areas |  |  |  |  |  |
| Bedding storage areas |  |  |  |  |  |
| Feed bunks |  |  |  |  |  |
| Waterers |  |  |  |  |  |

**If in feed or bedding storage areas, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**V. Feeds & Water**

**Please list all feed ingredients used in the cow rations, including supplements and additives. For each, please list the source and storage location.**

| Ingredient | Grown or purchased? | Source | Type of storage |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Do you use silage inoculants? If yes, please describe the type and amount used.**

|  | No inoculant | Inoculant type | Application rate  (oz/ton) | Application method |
| --- | --- | --- | --- | --- |
| Haylage |  |  |  |  |
| Corn silage |  |  |  |  |
| High moisture corn |  |  |  |  |
| Other |  |  |  |  |

**What is the source of drinking water for the cows?**

* On-site well ☐ Municipal ☐ Spring ☐ Pond ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the drinking water treated?**

* Not treated ☐ Chlorinated ☐ Reverse osmosis ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is this the same source as parlor water?** ☐ Yes ☐ No

**If no, what is its source?** ☐ On-site well ☐ Municipal ☐ Spring ☐ Pond ☐ Other **\_\_\_\_\_\_\_\_\_**

**Is it treated?** ☐ Not treated ☐ Chlorinated ☐ Reverse osmosis ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please characterize the waterers in each group of cows.**

|  | Waterer type\* | Freq. dumped | Freq. scrubbed w/o disinfectant | Freq. scrubbed w/  disinfectant | Product used | Exposed to sunlight? |
| --- | --- | --- | --- | --- | --- | --- |
| Lactating |  |  |  |  |  |  |
| Far-off dry |  |  |  |  |  |  |
| Close-up dry |  |  |  |  |  |  |
| Fresh |  |  |  |  |  |  |
| Sick/hospital |  |  |  |  |  |  |

\*Please indicate if the waterers in each location belong to one of the following categories: ***Deep*** (> 2ft. deep: *concrete*, *galvanized*, or *plastic*); ***Shallow*** *(tippable or non-tippable)*;***Ball-type***; ***Other****.*

**VI. Bedding Please describe the bedding for each group of animals.**

1. ***Lactating Cows***

**Base:** ☐ Mattress/cushion ☐ Waterbed ☐ Concrete ☐ Earth **☐** Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding material:** ☐ Sand ☐ Straw ☐ Shavings ☐ Paper ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If sand, particle size:** ☐ Fine ☐ Medium ☐ Coarse

**If sand, does it easily pack down (i.e. needs to be ‘busted up’ to remove)?** ☐ Yes ☐ No

**Recycled on farm for re-use?** ☐ Yes ☐ No

**If yes, type of recycling system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding storage is:** ☐ Under cover ☐ Exposed to weather

**Is bedding storage otherwise vulnerable to moisture (flooding, leaks, etc.)?** ☐ Yes ☐ No

**If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depth of bedding above base: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding supplements:** ☐ None ☐ Lime ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of *complete* bedding replacement (all in/all out):**

* Daily ☐ 2x / week ☐ Weekly ☐ Monthly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of superficial cleaning (removal of visible manure):**

* > 3x / day ☐ 3x / day ☐ 2x / day ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of bedding supplementation (on top of remaining bedding):**

* 2x / day or more ☐ Daily ☐ 2x / week ☐ Weekly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***Far-off Dry Cows*** ☐ N/A

**Base:** ☐ Mattress/cushion ☐ Waterbed ☐ Concrete ☐ Earth **☐** Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding material:** ☐ Sand ☐ Straw ☐ Shavings ☐ Paper ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If sand, particle size:** ☐ Fine ☐ Medium ☐ Coarse

**If sand, does it easily pack down (i.e. needs to be ‘busted up’ to remove)?** ☐ Yes ☐ No

**Recycled on farm for re-use?** ☐ Yes ☐ No

**If yes, type of recycling system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding storage is:** ☐ Under cover ☐ Exposed to weather

**Is bedding storage otherwise vulnerable to moisture (flooding, leaks, etc.)?** ☐ Yes ☐ No

**If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depth of bedding above base: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding supplements:** ☐ None ☐ Lime ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of *complete* bedding replacement (all in/all out):**

* Daily ☐ 2x / week ☐ Weekly ☐ Monthly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of superficial cleaning (removal of visible manure):**

* > 3x / day ☐ 3x / day ☐ 2x / day ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of bedding supplementation (on top of remaining bedding):**

* 2x / day or more ☐ Daily ☐ 2x / week ☐ Weekly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***Close-up Dry Cows*** ☐ N/A

**Base:** ☐ Mattress/cushion ☐ Waterbed ☐ Concrete ☐ Earth **☐** Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding material:** ☐ Sand ☐ Straw ☐ Shavings ☐ Paper ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If sand, particle size:** ☐ Fine ☐ Medium ☐ Coarse

**If sand, does it easily pack down (i.e. needs to be ‘busted up’ to remove)?** ☐ Yes ☐ No

**Recycled on farm for re-use?** ☐ Yes ☐ No

**If yes, type of recycling system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding storage is:** ☐ Under cover ☐ Exposed to weather

**Is bedding storage otherwise vulnerable to moisture (flooding, leaks, etc.)?** ☐ Yes ☐ No

**If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depth of bedding above base: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding supplements:** ☐ None ☐ Lime ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of *complete* bedding replacement (all in/all out):**

* Daily ☐ 2x / week ☐ Weekly ☐ Monthly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of superficial cleaning (removal of visible manure):**

* > 3x / day ☐ 3x / day ☐ 2x / day ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of bedding supplementation (on top of remaining bedding):**

* 2x / day or more ☐ Daily ☐ 2x / week ☐ Weekly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***Fresh Cows*** ☐ N/A

**Base:** ☐ Mattress/cushion ☐ Waterbed ☐ Concrete ☐ Earth **☐** Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding material:** ☐ Sand ☐ Straw ☐ Shavings ☐ Paper ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If sand, particle size:** ☐ Fine ☐ Medium ☐ Coarse

**If sand, does it easily pack down (i.e. needs to be ‘busted up’ to remove)?** ☐ Yes ☐ No

**Recycled on farm for re-use?** ☐ Yes ☐ No

**If yes, type of recycling system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding storage is:** ☐ Under cover ☐ Exposed to weather

**Is bedding storage otherwise vulnerable to moisture (flooding, leaks, etc.)?** ☐ Yes ☐ No

**If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depth of bedding above base: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding supplements:** ☐ None ☐ Lime ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of *complete* bedding replacement (all in/all out):**

* Daily ☐ 2x / week ☐ Weekly ☐ Monthly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of superficial cleaning (removal of visible manure):**

* > 3x / day ☐ 3x / day ☐ 2x / day ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of bedding supplementation (on top of remaining bedding):**

* 2x / day or more ☐ Daily ☐ 2x / week ☐ Weekly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***Hospital / Sick Cows*** ☐ N/A

**Base:** ☐ Mattress/cushion ☐ Waterbed ☐ Concrete ☐ Earth **☐** Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding material:** ☐ Sand ☐ Straw ☐ Shavings ☐ Paper ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If sand, particle size:** ☐ Fine ☐ Medium ☐ Coarse

**If sand, does it easily pack down (i.e. needs to be ‘busted up’ to remove)?** ☐ Yes ☐ No

**Recycled on farm for re-use?** ☐ Yes ☐ No

**If yes, type of recycling system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding storage is:** ☐ Under cover ☐ Exposed to weather

**Is bedding storage otherwise vulnerable to moisture (flooding, leaks, etc.)?** ☐ Yes ☐ No

**If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depth of bedding above base: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding supplements:** ☐ None ☐ Lime ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of *complete* bedding replacement (all in/all out):**

* Daily ☐ 2x / week ☐ Weekly ☐ Monthly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of superficial cleaning (removal of visible manure):**

* > 3x / day ☐ 3x / day ☐ 2x / day ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of bedding supplementation (on top of remaining bedding):**

* 2x / day or more ☐ Daily ☐ 2x / week ☐ Weekly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***Calving Pen*** ☐ N/A

**Base:** ☐ Mattress/cushion ☐ Waterbed ☐ Concrete ☐ Earth **☐** Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding material:** ☐ Sand ☐ Straw ☐ Shavings ☐ Paper ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If sand, particle size:** ☐ Fine ☐ Medium ☐ Coarse

**If sand, does it easily pack down (i.e. needs to be ‘busted up’ to remove)?** ☐ Yes ☐ No

**Recycled on farm for re-use?** ☐ Yes ☐ No

**If yes, type of recycling system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding storage is:** ☐ Under cover ☐ Exposed to weather

**Is bedding storage otherwise vulnerable to moisture (flooding, leaks, etc.)?** ☐ Yes ☐ No

**If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depth of bedding above base: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bedding supplements:** ☐ None ☐ Lime ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of *complete* bedding replacement (all in/all out):**

* Daily ☐ 2x / week ☐ Weekly ☐ Monthly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of superficial cleaning (removal of visible manure):**

* > 3x / day ☐ 3x / day ☐ 2x / day ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of bedding supplementation (on top of remaining bedding):**

* 2x / day or more ☐ Daily ☐ 2x / week ☐ Weekly ☐ Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If deeply-bedded stalls, do you “groom” (i.e. rake) the stalls?** ☐ Yes ☐ No

**If yes, how deeply?** ☐ Surface only ☐ Deep (6” or more penetration)

**How often?** \_\_\_\_\_\_\_\_\_\_\_\_\_

**If recycled bedding, how often do you get new bedding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which animals receive the new bedding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER NOTES**