



SPCA CERTIFIED

Herd Health Planning for Dairy Cattle

The following Tables 1 & 2 are provided as examples of minimum response and treatment plans and are not exhaustive. Consider additional information, conditions and protocols specific to your operations.

Table 1. Animal Health Response Plan

Trigger for Investigation	Response Plan
Calf mortality pre-weaning exceeds 5 % Calf mortality in 1 st month exceeds 0.5 %	Specimens collected and submitted to vet/lab or call vet
An unexplained mortality	
Onset of clinical signs of disease such as fever, reduced appetite, diarrhea, coughing and nasal discharge, an animal separated from the rest of the herd, lethargy etc.	a) if one animal is affected: b) if more than one animal is affected:
An unexplained change in feed /water consumption	a) if one animal is affected: b) if more than one animal is affected:
An unexplained drop in milk production	
Other:	

Table 2. Treatment Protocols

Illness / Condition	Clinical Signs	Treatment Protocols	Preventative protocols / when to call a vet
<p>Note: All medications used are under the recommendation and authority of the consulting vet</p>			
<p>Calf Scours</p> <ul style="list-style-type: none"> ▪ Viral ▪ Bacterial 	<ul style="list-style-type: none"> ▪ Diarrhea (loose, watery consistency to feces) ▪ Feces may have blood and mucus ▪ Dehydration ▪ Weak ▪ Inappetent 	<ul style="list-style-type: none"> ▪ Isolate ▪ Hydration ▪ Maintain body temperature ▪ Antibiotics as appropriate 	<ul style="list-style-type: none"> ▪ Non or poor response to treatment ▪ Deaths ▪ IV hydration required
<p>Navel infections / joint ill</p> <p>(usually young animals)</p>	<ul style="list-style-type: none"> ▪ Navel swollen, red or abscessed ▪ Swollen joints ▪ Fever ▪ Lameness ▪ Inappetent 	<ul style="list-style-type: none"> ▪ Drainage, compress ▪ Supportive medication 	<ul style="list-style-type: none"> ▪ Multiple or non responsive cases
<p>Coccidiosis</p> <p>(animals tend to be older than typical scours age)</p>	<ul style="list-style-type: none"> ▪ Diarrhea with blood and mucus ▪ Depressed 	<ul style="list-style-type: none"> ▪ Appropriate medication ▪ Hydration 	<ul style="list-style-type: none"> ▪ Nonresponsive cases ▪ Outbreaks ▪ Confirm diagnosis
<p>Pinkeye</p> <p>(primarily in pastured animals)</p>	<ul style="list-style-type: none"> ▪ Painful, runny eye ▪ Cloudy, opaque, reddish cornea 	<ul style="list-style-type: none"> ▪ Appropriate antibiotic topical, under the eyelid or by I.M. injection ▪ Dust and fly control 	<ul style="list-style-type: none"> ▪ Out of control outbreak ▪ Non-responsive cases ▪ Confirm diagnosis
<p>Respiratory disease</p>	<ul style="list-style-type: none"> ▪ Depressed ▪ Inappetent ▪ Fever ▪ Abnormal discharge from nose and eyes ▪ Cough ▪ Laboured breathing 	<ul style="list-style-type: none"> ▪ Isolation pen ▪ Appropriate course of antibiotics, NSAIDS 	<ul style="list-style-type: none"> ▪ Outbreaks ▪ Non-responsive cases ▪ Post mortems ▪ Preventative protocols including vaccinations

<p>Dystocia (difficult calving)</p>	<ul style="list-style-type: none"> ▪ Cow / heifer is in labour but not progressing 	<ul style="list-style-type: none"> ▪ Assist if stage 2 labour is prolonged 	<ul style="list-style-type: none"> ▪ Establish protocols with veterinarian to determine when and how to intervene ▪ Veterinary assistance for difficult birthing / caesarians ▪ Breeding, genetics, nutritional programs
<p>Retained placenta</p>	<ul style="list-style-type: none"> ▪ Failure to expel placenta within 24 hours of calving 	<ul style="list-style-type: none"> ▪ Untreated cows usually pass membranes in 2-11 days ▪ If systemic illness then treat with appropriate systemic antibiotics and NSAIDS 	<ul style="list-style-type: none"> ▪ Non-responsive or multiple cases ▪ Determination if there is an infectious or nutritional cause
<p>Milk fever i.e. Hypocalcemia</p>	<ul style="list-style-type: none"> ▪ Usually shortly after calving ▪ Heavy milk producer ▪ Weakness ▪ Paralysis ▪ Low body temperature 	<ul style="list-style-type: none"> ▪ More common in dairy breeds ▪ I.V. and S.Q. Calcium salts ▪ Supportive treatment 	<ul style="list-style-type: none"> ▪ Non-responsive cases ▪ Multiple cases ▪ Consult on nutritional management ▪ Blood test
<p>Uterine infection i.e. Metritis</p>	<ul style="list-style-type: none"> ▪ Abnormal vaginal discharge post calving ▪ May have had retained placenta ▪ Sometimes systemically ill 	<ul style="list-style-type: none"> ▪ Appropriate use of prostaglandins ▪ Possible use of systemic antibiotics 	<ul style="list-style-type: none"> ▪ Consult regarding infectious or nutritional causes ▪ Intrauterine therapy ▪ Multiple cases
<p>Cystic Ovarian Disease</p>	<ul style="list-style-type: none"> ▪ May show constant heat, no heat, or a combination of both in the post calving period 	<ul style="list-style-type: none"> ▪ Established by veterinarian 	<ul style="list-style-type: none"> ▪ Veterinarian to palpate and determine appropriate hormonal therapy

Mastitis	<ul style="list-style-type: none"> ▪ Abnormal milk ▪ Reduced milk production ▪ May have hot, hard, painful udder (1 or more quarters) ▪ Severe clinical, mild clinical or subclinical 	<ul style="list-style-type: none"> ▪ Strip out quarter(s) frequently ▪ As appropriate, intramammary and possibly systemic antibiotics ▪ Supportive therapy such as NSAIDs, fluids if severe ▪ Careful monitoring ▪ Somatic Cell Count ▪ CMT kits ▪ Dry cow management 	<ul style="list-style-type: none"> ▪ Diagnosis and treatment for stubborn or multiple cases ▪ Culture and sensitivities ▪ Determine appropriate antibiotic therapy ▪ I.V. fluids ▪ Supportive treatment as necessary ▪ Management changes
Displaced Abomasum	<ul style="list-style-type: none"> ▪ Most common in 1st month after calving ▪ Decreased appetite and milk production ▪ Often scant, dry manure ▪ 'Ping' on left or right side 	<ul style="list-style-type: none"> ▪ Veterinary surgery or 'toggle' 	<ul style="list-style-type: none"> ▪ Call vet to diagnose and correct ▪ Discuss management, particularly nutrition and quality of roughage
Bloat	<ul style="list-style-type: none"> ▪ Sudden distress ▪ Hypersalivation ▪ Distended abdomen, especially left side 	<ul style="list-style-type: none"> ▪ Stomach tube into rumen ▪ Anti bloat medications ▪ Severe emergency cases: trochar appropriate region of most distension left flank 	<ul style="list-style-type: none"> ▪ Severe cases ▪ Outbreaks ▪ Surgical cases ▪ Discussion of pasture / feed management associated with legumes vs. obstructive cases (e.g. lodged feed)
Ruminal acidosis Grain Overload	<ul style="list-style-type: none"> ▪ Inappetent ▪ Reduced milk production ▪ Depressed ▪ Due to excessive concentrate relative to roughage ▪ Acute episodes can result in death ▪ Chronic cases can develop liver abscesses 	<ul style="list-style-type: none"> ▪ Administration of large volumes of fluids and antacids ▪ Possible antibiotics in salvageable animals 	<ul style="list-style-type: none"> ▪ Diagnoses ▪ Advise and provide appropriate therapy ▪ Modify feeding regime ▪ Advise regarding humane slaughter

Ketosis	<ul style="list-style-type: none"> ▪ Most common in early lactation ▪ Decreased appetite ▪ Depression ▪ Positive ketone bodies in milk and urine 	<ul style="list-style-type: none"> ▪ I.V. dextrose ▪ Propylene glycol orally 	<ul style="list-style-type: none"> ▪ Assist in management / nutritional changes to reduce cases ▪ Diagnose / treat complicating conditions such as displaced abomasums, retained placenta, metritis
Hardware Disease Traumatic Reticulo-peritonitis	<ul style="list-style-type: none"> ▪ Inappetence ▪ Dropped milk production ▪ Pain ▪ Fever 	<ul style="list-style-type: none"> ▪ Administer magnets prophylactically ▪ Care in eliminating exposure to bits of metal 	<ul style="list-style-type: none"> ▪ Diagnosis ▪ Treatment / surgery
White Muscle Disease	<ul style="list-style-type: none"> ▪ Calves showing stiffness walking ▪ Recumbency ▪ Sudden death 	<ul style="list-style-type: none"> ▪ Vitamin E and Selenium injections ▪ Preventative and / or treatment 	<ul style="list-style-type: none"> ▪ Unexplained calf deaths ▪ Blood tests ▪ Feed and soil analysis ▪ Nutritional management and supplementation ▪ Post mortem diagnostics
Lameness <ul style="list-style-type: none"> ▪ Sole ulceration ▪ Heel warts ▪ Digital and interdigital dermatitis ▪ Laminitis ▪ Foot rot 	<ul style="list-style-type: none"> ▪ Lameness in 1 or more feet ▪ Reluctance to move ▪ Decreased appetite and production 	<ul style="list-style-type: none"> ▪ Management changes (substrate, bedding, foot baths) ▪ Pedometer monitoring ▪ Provide response according to vet recommendations 	<ul style="list-style-type: none"> ▪ Establish diagnosis and treatment and preventative / management protocols

Clostridial diseases	<ul style="list-style-type: none"> ▪ Different clostridial bacteria cause different clinical signs with most resulting in death ▪ Blackleg: sudden gassy swelling in muscle ▪ Tetanus: uncontrollable muscle spasms in contaminated surgical wound (e.g. castration) ▪ Enterotoxemia 		<ul style="list-style-type: none"> ▪ Clinical diagnosis ▪ Post mortems ▪ Vaccination strategies
Other			<ul style="list-style-type: none"> ▪ Consultation for diseases and conditions not covered here