Calf Wellness Worksheet

Farm Name _____ Date _____ Reviewer _____

Live calves added (starting date) _____ (ending date) _____ = number _____

Number of calves died since starting date: _____

Calves in preweaned housing today (number): _____

CALF HEALTH SCORES: (see over for picture guides)

Number in preweaned housing with respiratory risk score greater than 4: _____

Percentage: _____

Number in preweaned housing with fecal score of 2 or greater: _____

Percentage: _____

CALF HOUSING SCORES (see item definitions for scores 0, 1, 2, and 3)

Temperature: (inside) _____ (outside) _____

Relative humidity: (inside) _____ (outside) _____

Bedding: (0=Good, 3=Poor) (circle) 0 1 2 3

Air Flow: (0=Good, 3=Poor) (circle) 0 1 2 3

Ammonia: (0=Good, 3=Poor) (circle) 0 1 2 3

FRESHENING FACILITY SCORES (see item definitions for scores 0, 1, 2, and 3)

Overcrowding: (0=Good, 3=Poor) (circle) 0 1 2 3

Bedding: (0=Good, 3=Poor) (circle)   0 1 2 3

Air Flow: (0=Good, 3=Poor) (circle)   0 1 2 3

Ammonia: (0=Good, 3=Poor) (circle)   0 1 2 3

PASSIVE TRANSFER OF IMMUNITY

Total number of blood serum total protein tests

Number of calves ≥5.2: _____ Percent _____

Number of calves ≥5.5: _____ Percent _____

COLOSTRUM CULTURE RESULTS

Total number of colostrum culture samples _____

Number of samples with coliform counts ≥5,000cfu/ml: _____ Percent _____

Number of samples with SPC counts ≥50,000cfu/ml: _____ Percent _____

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