



Quality Milk
Production Services



Dairy One

DATE:

EVALUATOR:

Producer		Veterinarian:	
Address		Address	
Phone:	Cell:	Phone	E-mail:
E-mail:		Milk Plant	
DHIA Contact:		CMI:	
Phone:	Cell:	Phone	Cell:
E-mail:		E-mail	
NYSCHAP Mastitis Module <input type="checkbox"/> No <input type="checkbox"/> YES: Vet: _____ Bulk Tank Surveillance <input type="checkbox"/> No <input type="checkbox"/> YES DHIA Herd Code: _____ Cow Cell counts on test days: <input type="checkbox"/> No <input type="checkbox"/> YES Average Production per Cow per day: _____ lbs Cows permanently identified? Yes / No , Method: _____ # Milking cows: _____ # Dry cows: _____ #Bred heifers: _____			

Complaints: _____

Herd Goals: _____

Milk Quality Parameters:

BTSCC Ave. _____ SPC _____
 TD Ave. SCC _____ PIC _____
Comments: _____

Current Interventions: _____

Milking Procedures:
 Written Protocols: Yes / No _____
 Gloves worn: Yes / No _____
 Pre-milking Teat Sanitation: Udderwash: Yes / No _____
 Pre Dip: Yes / No, Dip product: _____
 Application: Spray Cup Foam Other _____
 Dried: Paper Cloth Other _____
 Stripped: Yes / No _____
 Oxytocin used: Yes / No , if yes: _____ %
 Machine Strip: Yes / No _____
 Post Dip: Yes / No, Dip product: _____
 Application: Spray Cup Foam Other: _____
Comments: _____

Therapy & Treatment Protocols:
 Written Treatment Protocols: Yes / No _____
 CM cases/ Month: _____
 CM cases treated /Month _____
 CM cultured? Yes / No _____
 Main Pathogens _____

Treated cows milked last? Yes / No _____
 Units Sanitized: Yes / No How: _____
 IMM treatments 1 _____ # 2 _____ # _____
 3 _____ # 4 _____ # _____

Systemic & Supportive Care: _____

Comments: _____

Dry Cow Housing & Management:

Type: Tie Stall Free stall Other: _____

Cows _____ # Stalls _____ # Bunk spaces _____

Bedding: _____ Manure Removal: _____ x / day _____

Dry cow treatment: Yes / No

Product: _____ All Selected

Teatseal: Yes / No if yes All Selected

Abrupt dry off: Yes / No

Comments: _____

Heifer Housing & Management:

Type: Tie Stall Free stall Other: _____

Heifers _____ # Stalls _____ # Bunk spaces _____

Bedding _____ Manure Removal _____ x / day _____

Pre partum treatment: Yes / No

Product: _____ All Selected

Teatseal: Yes / No if yes, All Selected

Comments: _____

Lactating Cow Housing & Facilities

Type: Tie Stall Free stall Other: _____

Cows _____ # Stalls _____ # Bunk spaces _____

Bedding _____

Bedding Frequency: _____ x / week Grooming: _____ x / day

Manure Removal: _____ x / day

Comments: _____

Udder Health Biosecurity:

Purchased replacements: Yes / No

Purchased mature cows: Yes / No

New animals tested for mastitis pathogens: Yes / No

J-5 vaccine used? Yes / No

Segregation of *S. aureus* or *S. agalactiae* cows: Yes / No

Culled for mastitis or SCC/ Month: _____

Comments: _____

Follow Up:

Milking System

System type: _____ Yr installed _____

No. Units _____ Auto take-offs ? Y / N

Liners _____ Milkings/liner: _____

Pulsators: _____

Dealer: _____ Last service: _____

Identified equipment issues: _____

Comments: _____

QMPS Offices:

Canton
Cobleskill
Geneseo
Ithaca

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Dr. Mike Zurakowski
Dr. Frank Welcome
Dr. Frank Welcome

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