



730 Warren Road
Ithaca, NY 14850
Phone: 800-344-2697
Fax: 607-257-6808
www.dairyone.com

Date: _____

Company/Farm Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: If you use DHI testing services _____

Dear Prospective DC user:

Thank you for your interest in Dairy Comp 305 herd management software.

Please complete this questionnaire and return it with the \$350 setup fee to: Dairy One (Attention: Judy Moody), 730 Warren Road, Ithaca, NY 14850. For faster service, you may fax the questionnaire to us at 607-257-6808. If your dairy is located outside the Northeast region of the United States, contact Valley Ag. Software at www.vas.com.

Once we receive your questionnaire and setup fee, we will begin the process of getting you started with Dairy Comp 305. If you would like to pay by credit card please call us.

The steps to getting you started are as follows:

You: Return the completed questionnaire and \$350.00 setup fee. Please contact us if some part of the questionnaire is not clear. You can call 800-344-2697, ext. 1, or e-mail: amr@dairyone.com

We: Assign a person from our team to focus on helping you with startup. Please note that anyone on our team will be prepared to help you, but your assigned "Guide" will pay special attention to tracking your progress. Your Guide will review the questionnaire, call you with any further questions, determine the best method of load your data, and customize your data file (we call it a "cowfile") and ship you your startup pack. The startup pack will include the Dairy Comp software CD, hardlock, instructions, and reference materials.

In approximately 4-8 weeks we will schedule a time for an installation visit. During this visit we will finish customizing your data file and answer any questions you have regarding the program.

You can choose from one of the following payment options for Dairy Comp 305:

- Option 1: Subscription license purchase \$3925.00. This option requires access to an internet connection and a subscription to annual updates. It includes a Read Only Shadow only of Dairy Comp and a 1 year subscription to Pocket Cowcard Read.
- Option 2: Annual rental subscription \$1320.00. This option requires access to an internet connection.

A daily milk meter interface is an additional \$1850.00 and requires the license purchase. Heat/Activity Only Interface is \$1150 and requires the license purchase. Generally, Option 1 is the best option and recommended for most software users.

If you are not satisfied with the program, there is a 90-day money back guarantee in effect from the time your software is shipped. The guarantee excludes the setup fee and LOOP (test day) download charges.

Thank you for choosing Dairy Comp 305 herd management software. We look forward to working with you.

Dairy Comp 305 Installation and Setup Questionnaire

For Northeast dairies only. All others, please contact Valley Ag. Software at www.vas.com

Please complete the following and mail or fax
to: Dairy One, (Attention: Judy Moody)
730 Warren Road, Ithaca, New York 14850
Fax: 607-257-6808, Ph: 800-344-2697, ext. 1

Date: _____

Account Number: If you use DHI testing services _____

Phone Numbers:

Barn: _____ Home: _____

Cellphone: _____ Fax: _____

E-Mail: Please print clearly _____

Do you have internet access? Yes No

If yes, do you connect through Dial up Modem Cable Modem DSL ?

If you have a dial up connection, what is the phone number for the line used by your PC's modem?

Your PC

1. Please give us some information about your PC and Printer (make/model, age, size, speed)?

2. Is your printer connected with a USB connection? Yes No Uncertain

3. What operating system does your PC run? VISTA Windows 7 Windows 8 Windows 10

Other: _____

4. Does your PC have a working CD-ROM? Yes No Uncertain

5. Does your PC have 2 working USB ports? Yes No Uncertain

6. Is there a special time you prefer to begin using Dairy Comp? _____



Testing>Loading your Dairy Comp

1. Are you on any DHI testing or records program? Yes No
2. If Yes, with who? (Testing organization, processing center) _____
3. When was your last test day? (approximately) _____
4. Are you currently running any other Herd Management Program? _____

Electronic Meters Or Animal Activity System (if you do not have electronic meters or animal activity system skip to Cow Identification)

1. Do you have a daily milk weight recording system? Yes No
2. Do you have an animal activity system? Yes No
3. If Yes to either, what brand? _____
4. Do you have automatic ID? Yes No
5. Animal Activity tags? How many? _____
6. Sort gates? How many? _____

Cow Identification

1. In what order do you number your cows and calves? _____
2. Do you re-use cow numbers? Yes No
3. Are there any duplicate ID numbers in the herd, including duplicate numbers between cows and calves?
 Yes No

Pen Definitions

What are your pen numbers? Please indicate for each pen which are Milking, Dry Cows, Pre-Fresh, AI, Hospital and BULL. You can also identify your heifer pens and locations.



Technicians and Breeding Codes

If you use AI, list the breeders you want Dairy Comp to track.

Tech #	Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

If you would like to keep track of the type of breeding, please list those codes below. (For example, S=Standing, T=Timed, K=Kmar)

Code Letter	Description
S	Standing
T	Timed
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	



Veterinary Setup and Vet list

1. How often do you do vet checks? _____
2. Fresh Checks? I want to check fresh cows at _____ days in milk.
3. Preg Checks (A.I.) I want to check for pregnancy at _____ days bred.
4. Reconfirm Pregs? I want to re-check pregnant cows again at _____ days pregnant or more.
5. Cystic cows? I want to check cows that have two heats less than **12** days apart. Yes No
6. Missed Heats? I want to check cows that are open and have not been re-bred for _____ days or more.
7. Fresh and No Heat? I want to check cows that are _____ days or more in milk but have not been bred.
8. Problem Breeders? I want to check all cows that are open and more than _____ days in milk.
9. Times Bred? I want to check cows that have been bred _____ times or more. *(Not used often)*
10. Third Preg Check? I want to check preg cows a third time at _____ days pregnant or more. *(Not used often)*
11. Please describe any other cows you would like to see on herd check day. _____

Bulls

If you use bulls on the dairy, how often do you pregnancy check the animals in those pens? For example, if a cow is checked today, how long do you want to wait before you check her again?

Synchronization

1. What type of sync program are you running? Presync/ovs , 12 day Presync/ovs, 10 day Presync/ovs,
 Double Ovs, G6G , Other: _____
2. Are all animals on the same program? _____
3. At how many days in milk do you target the first breeding? _____
4. How many Presynch prostaglandin shots do you use- 1 or 2? _____
5. What days are shots given? _____
6. What day do you breed? _____
7. What day is vet check? _____
8. Are you resyncing cows before vet check? _____
9. Is vet check on the same day as shot day? _____
10. Are you enrolling cows every week? _____



Posilac

1. If you use Posilac, please describe how you decide which cows receive injections. If you inject according to the recommended label protocol, just write "Label" below.

Other work lists

1. Please describe other management lists you might find useful?

2. Foot trimming? How frequently do you intend to trim an animal's feet (i.e. every 180 days)?

3. Are you using treatment protocols? _____

4. Do you have a vaccination program for cows or heifers that you want setup? Yes No

If yes please attach a copy of the program.



Invoice: Dairy Comp 305 Setup

Date: (ex.2/12/14) _____
Company/Farm Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____

Dairy Comp 305 Setup **\$350.00**
Total amount **\$350.00**

Please complete the bottom portion and return with payment. Questions regarding your monthly statement from Dairy One should be directed to Kevin Henry at 607-252-2013 or e-mail kevin.henry@dairyone.com

(Please detach and return with payment to Dairy Management Resources, Dairy One Cooperative, Inc. - 730 Warren Road, Ithaca, New York 14850)

Date: _____
Company/Farm Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____

Dairy Comp 305 Setup..... **\$350.00**

Payment Options:

- Check Enclosed No.** _____ **Amount: \$** _____ *(Make check payable to Dairy One. Please include your account #).*
- Credit Card: Please call**