



DR. MURRAY RUNSTEDLER DR. PAUL SOSTAR DR. ANDREW MACLEOD  
DR. JOHN TOKARZ DR. KELLY HAEZLE DR. IAN BISHOP

3860 Manser Road, Linwood, Ontario N0B 2A0 (519) 698-2610  
1-800-663-2941 Fax (519) 698-2081  
[linwoodvet@linwoodvet.ca](mailto:linwoodvet@linwoodvet.ca)

Clinic Hours: Mon-Fri 7am – 5pm Sat 7am – 12pm Hwy 89 Clinic: Mon-Sat 7am-1pm  
Orders for Delivery: call by 9:30am for same day delivery Mon to Friday  
24 Hour Emergency Vet Service

### AUGUST 2011 NEWSLETTER

#### Clinic News

Please note that for the Sept 5 Labour Day Holiday the clinics will be open 7am to 12 am but there will be no regular delivery service. Veterinarians will be on call for emergencies.

#### CQM Update

This is a reminder for all producers to check when they are due for their validation since there is potentially a substantial amount of preparation to becoming validated. There is a penalty system in place to encourage producer participation. Please ensure that you begin keeping records **at least 3 months** prior to your planned validation date since these are **mandatory**.

The producers whom have had their first Advisor meeting must have the following items completed and submitted (\*) to their Advisor prior to setting up the follow-up Advisor visit.

1. Producer's SOPs -not required if completed on the DFO website
2. Producer's CAPs -not required to be submitted to the Advisor
3. Treatment Records\* -Record #10, sample to evaluate proper procedure
4. Identification -producer must ensure all animals have proper ID
5. Chemicals/Medicines List\* -record #9, to approve the listed items
6. Treatment Protocols\* -required by the advisor to generate scripts
7. Completed Equipment Sanitization chart\* -record #13
8. Cleaning and Sanitization chart -Record #14, completed by a qualified tech
9. Annual Wash System Analysis -Record #14b, also by the technician
10. Water record -usually provided by DFO yearly

After reviewing the provided information \* to the Advisor then the "Advisor On-Farm Evaluation Checklist" will be completed at the follow up visit with the Advisor. When the follow up is done, then you may request to be validated.

#### Know What a Lamé Cow Looks Like

Visual observation for lameness is a good practice with only about 25 percent of lame cows easily identified. Some of the challenges are that visual assessments are subjective, time-consuming and training is necessary. Obviously lame cows are the easiest to identify. But those which may not show significant physical symptoms yet are a

challenge to the untrained eye. Proper early intervention can prevent serious or chronic lameness. The following technological advances give detection methods that can help better identify lame cows faster:

### **Activity meters**

Activity meters already in place on your dairy can be used to help find and identify lame cows. That means you can track lying bouts per day, lying bout duration, lying time per day, and steps taken each day for individual cows. Cows in free-stall facilities should spend about 11 to 14 hours per day lying down with the balance for eating, milking, socializing and drinking time. If stocked at more than 1.25 cows per stall -- you can expect to decrease cow lying time by an hour per day. That time is usually spent standing in an alley. Cows which deviate from lying goals may either be lame or at risk for lameness. These animals may be added to the hoof-trimmer list and ensure they receive a physical exam and proper treatment.

### **Pay attention to transition cow behaviour**

Cow behaviour and management during the transition period offer some keys to lameness reduction. Therefore, monitor cows' behaviour and associated lameness susceptibility during this phase. Results from new research from the University of Wisconsin, show that resting behaviour is influenced by calving month, temperature humidity index, body condition, parity and lameness. It was found that moderate and severely lame cows had significantly longer lying times throughout the transition period before and after calving, with a dramatic increase in the number of lying bouts observed three days before and after calving. This increase was thought to be probably due to a hypersensitivity to pain due to lameness. Cows were housed in a straw-bedded, loose-housed maternity pen, and the moderate and severely lame cows averaged 20.3 lying bouts per day, compared to 15.6 for non-lame cows. Such an altered resting behaviour may impact Dry Matter Intake and associated with an elevated risk for ketosis in this herd.

### **10 steps to a successful hoof-health program**

Use these hints to help improve hoof health and reduce lameness on your farm.

1. Hire people to trim hooves on your dairy that are willing to take the time to do the job correctly. This person must have the knowledge and expertise to perform proper, functional and therapeutic hoof trimming.
2. Use a team approach to hoof health. Include farm personnel, your veterinarian, nutritionist and hoof trimmer in developing hoof-health goals and objectives.
3. Develop a hoof-trimming plan for springing heifers.
4. If heifers are raised on soft surfaces that yield, introduce them to a non-yielding surface about six weeks before they enter the transition group. Also introduce heifers to dry cows when heifers are about seven months pregnant especially if the two groups will be mixed during the transition period to promote social adjustment.
5. Implement a hoof-maintenance schedule that aims to reduce lameness. That means every cow should be functionally trimmed at least twice a year in free-stall facilities and more often in tie-stall situations.
6. Do not wait to deal with lame cows. Trim and treat them immediately and correctly.
7. Manage cow rations and feed availability to ensure consistent diets.
8. Make sure that all cows have a chance to comfortably lie down from 11 to 14 hours per day.
9. Use heat-stress-relief practices.
10. Put cows, not people, first as you design, construct and use dairy facilities.

All of this depends on good hoof-care record-keeping practices. These records are used to help track down and correct problems with facilities, management and disease.