



Farm Audit & Veterinary Feed Directive (VFD) Client Work Sheet

Client/Operation Name:

Mailing Address:

Livestock Premises (list all, if more than 1):

Phone:

Email:

Fax:

Production Strategy/Farm Type (for example—cow calf, stocker, show heifers, swine nursery)

What are some goals/obstacles you would like to overcome on your farm in the upcoming year?

What are some of the roadblocks/setbacks you have faced in regards to the health/success of your stock?

What are your major causes of death/mortality/disease/losses on your farm? (ie. We lose a lot of calves during birth, we battle scours in our young calves, we have issues

with lameness in our show gilts—areas to examine- reproduction? Young stock? Feed efficiency? Lameness? Lack of finish or desired weight? Coughing?)

Do you vaccinate on your farm? If so list products and the frequency in which you use them. Give as much detail as necessary. For example: We vaccinate all heifers at weaning with “Bovishield” and booster them prior to breeding. All other cows receive a booster annually prior to breeding.

Describe your parasite control strategy (including any fecal testing).

Briefly describe your approach to breeding on your farm if applicable. (ie. We use a bull, we AI our sows, we give Lutalyse and AI)

Please fill out the following table.

Group	Avg # of Animals	Location	ANY on feed/medications or Additives	Duration of Use

***** PLEASE SEND IMAGES OF FEED TAGS OR HAVE FEED TAGS AT THE TIME OF THE AUDIT.**

Who is your primary feed supplier? (Address, Phone Number, email contact for VFD submission)

