

HERD NOTEBOOK

AGRICULTURAL VETERINARY ASSOCIATES, LLC

137 E 28th Division Highway

Lititz, PA 17601

717-625-4212



Dear Client,

The veterinarians and staff of Agricultural Veterinary Associates LLC thank you for choosing our practice to do your veterinary work. We hope to continue to be part of your operation and most importantly part of your success.

Here are a few recommendations to help provide faster and less expensive service:

1. Phone in sick calls between 7:00 am and 9:00 am to avoid incurring a Late-Call charge. Please state when calling in if it is an emergency. After hours, please let the answering service know if it is an emergency.
2. Phone in drug or supply orders to be shipped before 1 p.m. Our drug and supply shipping service allows for orders to be shipped the same day if at all possible with a low \$12.00 shipping fee.
3. If you require a product to be dropped off the same day as it is ordered, there may be a call charge for delivery if no doctor is in the area. Please plan ahead to avoid this, or you can stop by our office for pick-up (please call first).
4. Please have animals restrained when the veterinarian arrives at your farm – time is money – we charge by the hour.
5. Payment will be processed through John Deere Financial, VISA, MasterCard or Discover on the day of service. Payment at the time of service with cash/check will reflect a 2% discount.

Services we offer include:

- Traditional sick animal and emergency services
- Serological health profiling
- Embryo transfer
- Routine scheduled production medicine
- Record review and computer record analysis
- Milking machine and milking technique analysis
- Preventative vaccination and parasite control programs
- Production trouble shooting
- On farm surgery-Traditional or Laparoscopic DA corrections
- Quantity purchase pricing
- Help with producer treatment programs
- Advisory service
- Nutritional outlines for production
- Regulatory blood testing
- Slaughter checks
- Full ultrasound capabilities

As always, we encourage your comments and suggestions.

Sincerely,

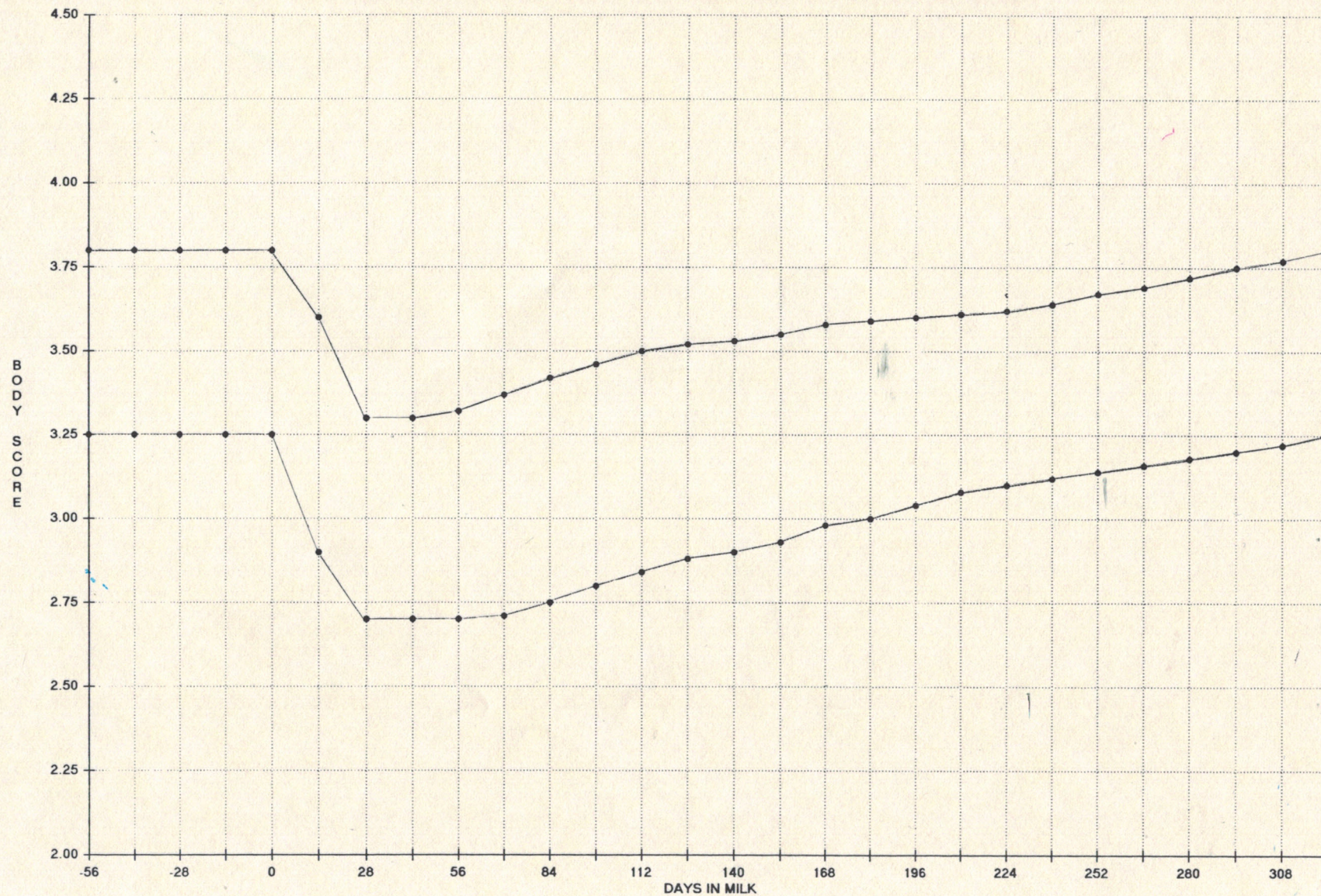
Brian K. Reed, D.V.M., M.B.A.
W. Scott Tillman, M.S., D.V.M.
Douglas S. Scipioni, V.M.D.
Erick C. Stoltzfus, D.V.M.

137 East 28th Division Highway • Lititz, PA 17543
717-625-4212 Local or 1-800-222-4084
Fax 717-625-4554 • Website www.agvets.com

**AGRICULTURAL
VETERINARY ASSOCIATES**

PO. BOX 190
DENVER, PA 17517-0190
(717) 738-0513 • 1-800-222-4084
FAX (717) 338-4980

BODY CONDITION SCORING





Calf and Heifer Growth Chart

Holstein

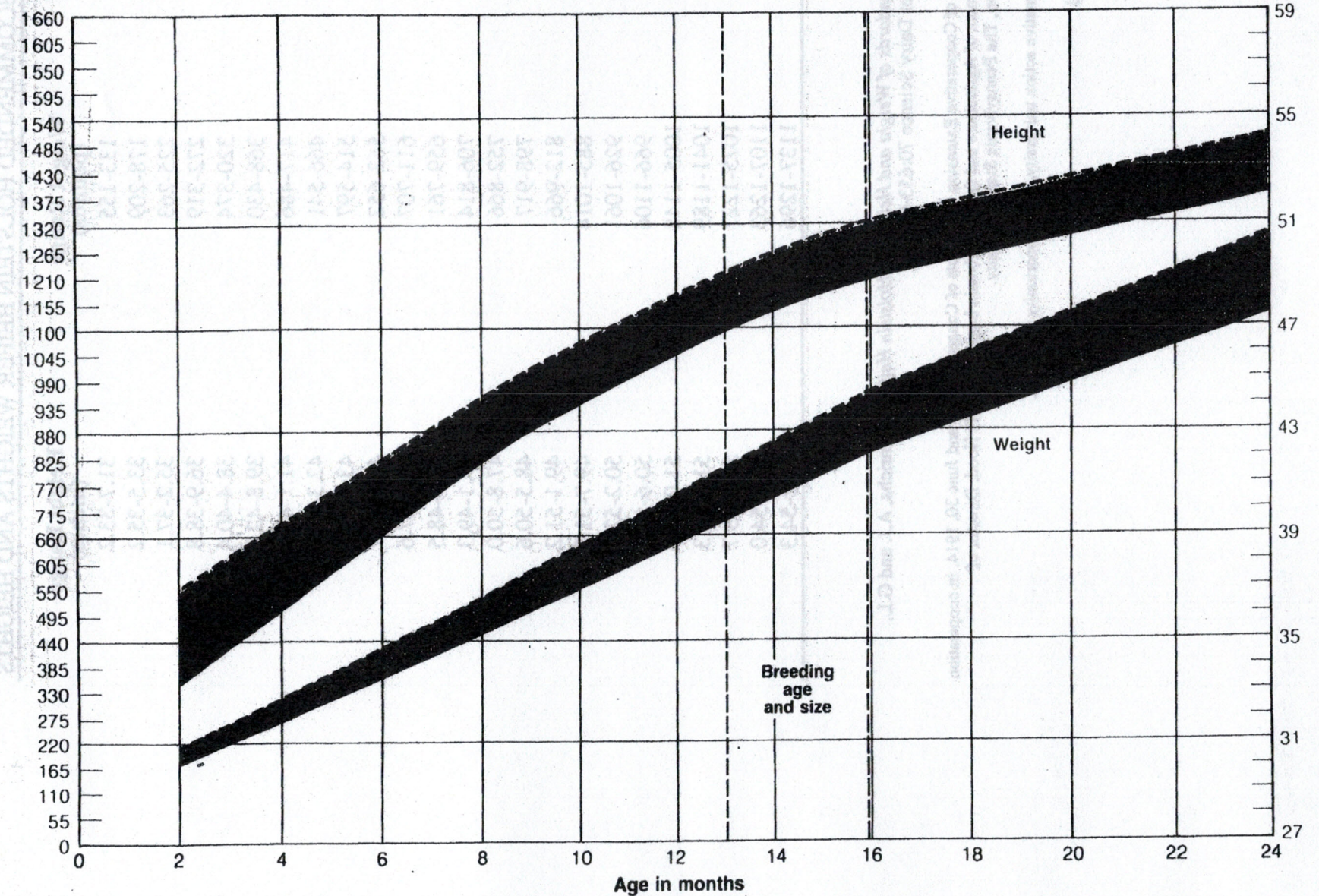
Name _____

Date _____

County _____

Weight
(lbs.)

Height
(in.)



RANGE OF RECOMMENDED HOLSTEIN HEIFER WEIGHTS AND HEIGHTS

Age (months)	Weight Range (pounds)	Height Range (inches)
1	133-155	31.7-33.2
2	178-209	33.5-35.2
3	225-263	35.2-37.1
4	272-319	36.9-38.8
5	320-374	38.4-40.4
6	368-430	39.8-42.0
7	417-486	41.1-43.3
8	466-541	42.3-44.5
9	514-597	43.4-45.7
10	563-652	44.5-46.7
11	611-707	45.4-47.6
12	659-761	46.3-48.5
13	706-814	47.1-49.3
14	752-866	47.8-50.0
15	798-917	48.5-50.6
16	812-966	49.1-51.2
17	885-1014	49.7-51.7
18	926-1061	50.2-52.1
19	966-1106	50.6-52.6
20	1005-1148	51.0-53.0
21	1041-1189	51.4-53.3
22	1075-1227	51.7-53.7
23	1107-1263	52.0-54.0
24	1137-1296	52.2-54.3

By A.J. Heinrichs

Compiled from *Standards of Weight and Height for Holstein Heifers*, Heinrichs, A.J. and G.L. Hargrove. *Journal of Dairy Science* 70:653-660.

Issued in furtherance of Cooperative Extension work, Acts of Congress May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture and the Pennsylvania Legislature. L.F. Hood, Director of Cooperative Extension, The Pennsylvania State University.

Penn State is an affirmative action university, equal opportunity university.

DSE-88-4 IVE2d

HERD CHECK TIME: _____

HERD CHECK DAY: _____

PHONE #: _____

EMPLOYEES/FAMILY:

YEAR _____

[illegible]

FRESH COW DISEASE RECORDS

*Record date of occurrence in appropriate column.

137 East 28th Division Highway • Lititz, PA 17543

717-625-4212 Local or 1-800-222-4084

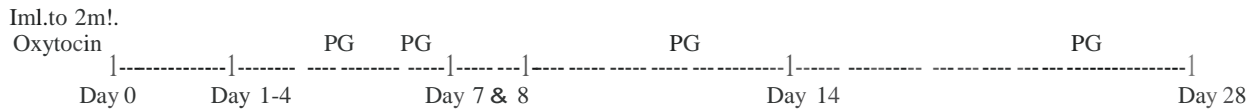
Fax 717-625-4554 • Website www.agvets.com

OVSYNCH SCHEDULE

[illegible]

REPRODUCTION PROGRAMS

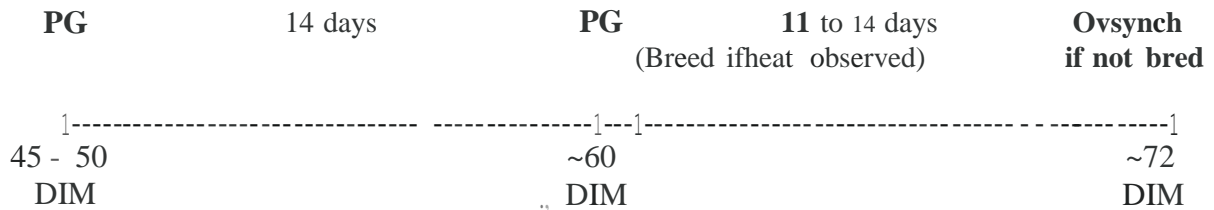
- **Fresh Cow Complications:** (Twins, Difficult calving, Retained placenta, Metritis)



Day of calving: 1cc. oxytocin for first 48 hrs. then 2cc to 4cc oxytocin for the next 48 hrs. if needed. May be administered every 2 to 3 hours.

Day 7 pm & 8 am (12 hours apart), Day 14 and Day 28: PG given 1M

- **Pre-synch Breeding:**



- **PG3G Program:**



- **Ovsynch Breeding:** To breed cows regardless of heat signs

56 hours = 2 days and 8 hours



- Options:
1. **Resynch:** Give **GNRH** 7 days prior to pregnancy checking cows, and if they are open then continue as an Ovsynch.
 2. Ovsynch with a CIDR®. Insert CIDR® at time of first GNRH injection, pull CIDR® at time of PG injection.

137 East 28th Division Highway
Lititz, PA 17543

1-800-222-4084
1-717-625-4212

Date _____

[illegible]

Questions: _____

Comments: _____

Supplies Needed: _____

AGRICULTURAL VETERINARY ASSOCIATES

TREATMENT SHEET

Animal ID: _____ Date: _____ Client: _____

	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

☐ Support Care: B-Vitamins, Probiotics, Extra Hay, Nutritional Supplements, etc.

Clinical Findings: _____

Diagnosis: _____

☐ Milk Withhold: _____
☐ Meat Withhold: _____

Dr. _____