Herd Health Plan for _____

Section 1. Contact Information

Owner Name: _____Phone Number:_____

Address: _____

City: _____State: _____ Zip code: _____

Veterinarian Name: _____   Phone Number:_____

Address: _____

City: _____State: _____ Zip code: _____

Facility Manager: _____ Phone Number:_____

Address: _____

City: _____State: _____ Zip code: _____

Producers Name: _____ Phone Number:_____

Address: _____

City: _____State: _____ Zip code: _____

Additional Emergency Contact Name:_____ Phone Number:_____

Address: _____

City: _____State: _____ Zip code: _____

Section 2. Animal Care

Facility Address: _____

City: _____State: _____ Zip code: _____

Time of year (if applicable): _____

Facility Address: _____

City: _____State: _____ Zip code: _____

Time of year (if applicable): _____

Facility Address: _____

City: _____State: _____ Zip code: _____

Time of year (if applicable): _____

Animal housing:_____

_____
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Biosecurity protocols:_____

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_____
_____
_____

Feed:_____

_____
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Treatment protocols:_____

_____
_____
_____
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Section 3. Operation Overview

Mission statement: _____
_____
_____
_____
_____
_____

Production goals: _____
_____
_____
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_____
_____

Section 4. Species Information

Species: _____

Total number of head: _____

Total number of females: _____

Total number of males: _____

Breed	Type	Date of Birth	Animal Identification	Comments
Suffolk	*Ram*	*01/01/2018*	*Scrapie Number*	*Culled*

Section 5. Production Calendar

Month: January

General management	Feed	Health protocols

Month: February

General management	Feed	Health protocols

Month: March

General management	Feed	Health protocols

Month: April

General management	Feed	Health protocols

Month: <u>May</u>

General management	Feed	Health protocols

Month: <u>June</u>

General management	Feed	Health protocols

Month: <u>July</u>

General management	Feed	Health protocols

Month: <u>August</u>

General management	Feed	Health protocols

Month: September

General management	Feed	Health protocols

Month: October

General management	Feed	Health protocols

Month: November

General management	Feed	Health protocols

Month: December

General management	Feed	Health protocols

Section 6. Animal Health Records

Changes to feed:_____
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Animal health notes:_____
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Date	Animal Identification	Product	Route	Amount given	Given by	Reason for Treatment