

MAYERTHORPE VETERINARY SERVICES

Box 5094818-42nd Avenue Mayerthorpe, AB T0E 1N0

Ph: (780) 786-2000

Fax: (780) 786-2077

Dr. Claire Ainsworth

Dr. Janelle Gauthier

Dr. Sarah Wahlert

Dr. Kayleigh Mahony

Sheep Client Questionnaire

In order to provide you with the best advice and treatment recommendations for your sheep flocks, we are asking our producers to fill out these questionnaires. There are many different vaccination and deworming protocols used by clients based on lambing times, grazing strategies, management practices, and flock numbers. Our goal is to work with you to make individual flock health protocols that work for your operation. Please fill in the questionnaire as completely as you can, and add any additional information you think would be important.

Client/Farm Name: _____

If Farm Name, please list main contacts: _____

Farm/Primary contact email address: _____

How many ewes did the farm lamb this year? _____ Average size of lamb crop: _____

How many rams do you have? _____ How many ewes to each buck? _____

How many different breeding groups do you run? _____

What is your target flock size (are you remaining at stable numbers or working to increase flock size): _____

If you are increasing your flock numbers, where are you acquiring your replacement ewes from? (check all that apply)

☐ Within your flock (closed flock – no outside additions)

☐ Breeder/Other Producer – private sale

☐ With clean health history (no known disease), are vaccinated and dewormed regularly

☐ With possible disease (or unknown health history); not vaccinated or dewormed regularly

☐ Auction or if other, please explain: _____

Where do you acquire your breeding rams from? (check all that apply)

☐ Within your flock (closed flock – no outside additions)

☐ Breeder/Other Producer – private sale

☐ With clean health history (no known disease), are vaccinated and dewormed regularly

☐ With possible disease (or unknown health history); not vaccinated or dewormed regularly

☐ Auction or if other, please explain: _____

Do you raise purebred sheep? Yes / No

If yes, what breeds? _____

Do you raise commercial sheep? Yes / No

If yes, what breeds? _____

Do you do any AI? Yes / No

Breeding times:

When do you turn the rams out? _____

When do you pull the rams? _____

What is the lambing start date? _____

What is your primary purpose for these animals? (circle all that apply)

Breeding Stock/Genetics Meat Milk Wool Show

Are these animals/products primarily sold or used for personal use (circle): Sale Personal Use

Other _____

Vaccine Protocol

Do you vaccinate your ewes? Yes / No

If yes, what do you vaccinate with? (circle all that apply)

Tasvax 8 Covexin Glanvac6 Other _____

If yes, when do you vaccinate? _____

Do you follow this protocol annually? Yes / No

If no...please describe in more detail: _____

Do you vaccinate your lambs? Yes / No

If yes, what do you vaccinate with? (circle all that apply)

Tasvax 8 Covexin Glanvac6 Other _____

If yes, when do you vaccinate? _____

Do you follow this protocol annually? Yes / No

If no, please describe in more detail: _____

Do you vaccinate your rams? Yes / No

If yes, what do you vaccinate with? (circle all that apply)

Tasvax 8 Covexin Glanvac6 Other _____

If yes, when do you vaccinate? _____

Do you follow this protocol annually? Yes / No

If no, please describe in more detail: _____

Deworming Protocol

Which of the following products do you use for parasite treatment? (circle all that apply)

Ivomec

Bimectin

Other ivomec generic

Safeguard

Valbazen

Flukiver

When deworming, at what times of year or production stages do you treat? Repeat for each separate deworming product.

Ewes _____

Lambs _____

Rams _____

If using more than one product....repeat below...

Ewes _____

Lambs _____

Rams _____

Have you, or are you currently, using fecal testing to assess parasite numbers within your flock or to assess resistance to dewormers? Yes / No

Parasite Control of Guardian Animals

Do you have dogs on the property? Yes / No

Are they guardian dogs or do they have frequent interaction with the sheep? Yes / No

Do you deworm them? Yes / No

What product do you use? _____

How often do you give it? _____

Do you have llamas or alpacas on the property (guardian, production, or pet)? Yes / No

Do they have frequent interaction with the sheep or share a pasture? Yes / No

Do you deworm them? Yes / No

What product do you use? _____

How often do you give it? _____

Nutrition Information

Do you feed a mineral? Yes / No

If yes, what types, form (loose or block), and who manufactures it? _____

How is it fed (circle all that apply): free choice / force fed in ration / Both, depending on season

Do you use a salt block? Yes / No

Do you feed supplemental thiamine? Yes / No

If yes, what route? (in mineral, mixed in grain, etc) _____

If yes, how much and when? _____

Do you feed supplemental selenium? Yes / No

If yes, what route? (in mineral, mixed in grain, etc) _____

If yes, how much and when? _____

Do you implement a pasture rotation strategy? Yes / No

If yes, please describe (number of head per size of pasture, rotation schedule, etc): _____

General Flock Health Information

Do lambs get processed as they are born? Yes / No

Do lambs receive any of the following in the first week of life? (check all that apply)

___ Selenium

___ Vitamin A/D

___ Ear tag

___ Antibiotic If yes, what kind _____

___ Banding

___ Vaccination If yes, what kind _____

___ Other Please explain _____

Does your farm implement any biosecurity protocols in regards to new additions or sick animals? (example: do you have a sick pen, isolation area, separate equipment for sick animals??)

Do you have any known diseases or conditions in your flock? (check all that apply). Information is kept confidential.

___ Caseous lymphadenitis (CL or CLA)

___ Contagious ecthyma (ORF, Soremouth)

___ Ovine progressive pneumonia/polyarthritis (OPP)

___ Ringworm

___ White Muscle Disease (Selenium deficiency)

___ Polio (thiamine deficiency)

___ Clostridial Disease

___ Coccidiosis or lamb scours

___ Overeating disease / Pulpy kidney disease

___ Enterotoxemia (Bloody Scours)

___ Tetanus

___ Pregnancy toxemia

___ Abortions or newborn deaths

___ Parasite resistance

___ Footrot

___ Pinkeye

___ Other: _____

Do you have set protocols for treating common illnesses, such as pneumonia, pinkeye, footrot, etc? Yes / No

If no, are you interested in protocols that could be provided for you? Yes / No

Other production animal species on farm (check all that apply):

___ Cattle

___ Horses

___ Goats

___ Llamas/Alpacas

___ Pigs

___ Poultry

Would you semen test your rams if this service was available to you? Yes / No

Would you preg check your ewes if this service was available to you? Yes / No

Do you have any other specific concerns regarding your flock or other information you think may be important to know about your flock/operation?

Please summarize your flock events (approximate dates are fine) on the calendar below using the legend provided

January	February	March	April	May	June	July	August	September	October	November	December
1		1		1		1		1		1	
2		2		2		2		2		2	
3		3		3		3		3		3	
4		4		4		4		4		4	
5		5		5		5		5		5	
6		6		6		6		6		6	
7		7		7		7		7		7	
8		8		8		8		8		8	
9		9		9		9		9		9	
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19		19		19		19		19		19	
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26		26		26		26		26		26	
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28		28		28		28		28		28	
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30		30		30		30		30		30	
31		31		31		31		31		31	



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RI – Buck in

RP – Buck pulled

LS– Lambing start

LE – Lambing end

LVxn – Lambs given vaccine

Vxn – Adults given vaccine

DWA – deworm adults

DWL – deworm lambs