



SHEET 1 – Background Information

Farmer	Code number (if known)	Date
Address	Veterinary Surgeon	
	Practice	
Postcode	Email	
Telephone	Nutritional Advisor	
Email	Email	

USE FIGURES FROM PREVIOUS 12 MONTHS

1. Conventional <input type="checkbox"/> Organic <input type="checkbox"/>	12. Milking Cow Housing Straw yard <input type="checkbox"/> Cubicles <input type="checkbox"/> Other <input type="checkbox"/> (state)
2. Herd size	Are the milking cows housed all year round? All milking cows <input type="checkbox"/> Highs only <input type="checkbox"/> No <input type="checkbox"/>
3. Breed	13. Please tick all that apply to you: Robots <input type="checkbox"/> OOP Feeders <input type="checkbox"/> Parlour No Concentrate <input type="checkbox"/> TMR <input type="checkbox"/> Parlour Concentrate <input type="checkbox"/> Partial TMR <input type="checkbox"/>
4. Closed Herd Yes <input type="checkbox"/> No <input type="checkbox"/>	14. How many times a day milking? Robots <input type="checkbox"/> X2 <input type="checkbox"/> X3 <input type="checkbox"/>
5. Calving Pattern All Year Round <input type="checkbox"/> Spring Block <input type="checkbox"/> Autumn Block <input type="checkbox"/>	15. Milking Cows Forage Feed (please tick all that apply) Summer Grass Silage <input type="checkbox"/> Maize Silage <input type="checkbox"/> Wholecrop <input type="checkbox"/> Grazed Grass <input type="checkbox"/> Other <input type="checkbox"/> (state) Zero-Grazed Grass <input type="checkbox"/>
6. 305 Day Yield Litres	Winter Grass Silage <input type="checkbox"/> Maize Silage <input type="checkbox"/> Wholecrop <input type="checkbox"/> Other <input type="checkbox"/> (state)
7. Average milk composition : Butterfat % Protein %	16. Milk Recording NMR <input type="checkbox"/> CIS <input type="checkbox"/> No <input type="checkbox"/>
8. Rolling 3 month cell count 000 cells/ml	
9. Number of cows culled in last year	
10. Number of cows sold because of: Yield <input type="checkbox"/> Mastitis <input type="checkbox"/> Fertility <input type="checkbox"/> Lameness <input type="checkbox"/> Age <input type="checkbox"/> Other <input type="checkbox"/>	
11. Actual Calving Interval days All Service Conception Rate % Voluntary Waiting Period days	

Comments
