

FARMER CONTACT DETAILS

Contact person's name			
Farm address			
Farms On Line number			
NAIT number			
Nearest town/city			
Phone No		Mobile phone	
E-mail			

Farm details

What is the effective area of the dairy farm?					ha
What numbers of cows are milked?					
When is the planned start of calving					
When is the planned start of mating					
How would you best describe your dairy set-up? (tick only one box)					
Totally spring calving herd					
Totally autumn calving					
Run a mix of spring calving and autumn calving herds					
What is the contour of your farm? Circle which applies					
Mostly steep	Mostly rolling	Mix steep/rolling	Mix rolling/flat	Mostly flat	

History and diagnosis

What date was this case of sciatic palsy seen?	/	/
What date was this questionnaire completed?	/	/
On this farm how many other cattle have been affected with sciatic palsy?		
What signs were seen in the affected animal? (circle all selections)		
Progressive hind limb weakness	Yes/No	
Both back legs affected but differing severity	Yes/No	
Shortened gait	Yes/No	
Ataxia, wobbly on back legs	Yes/No	
Dropped hocks and knuckled fetlocks	Yes/No	
Tail can be flaccid	Yes/No	
Defaecation and urination normal	Yes/No	
Blood calcium/magnesium/phosphorus levels normal	Yes/No	

History details

Cow ID					
Is the cow homebred?				Yes/No	
If purchased what date did the cow arrive			/ /		
What is the age of the affected cow?				mths	
What is the weight of the affected cow?				kg	
What body condition score is the cow					
What is the breed of the affected cow?					
What date did the affected cow calve				/ /	
Has the cow recently been seen bulling?				Yes/No	
Are there fresh rub marks on the cow?				Yes/No	
Are there bulls running with the herd?				Yes/No	
Describe the health of the cow in last month before sciatic palsy (circle one)					
Excellent	Good	Adequate	Poor	Very poor	

What date did the affected cow calve				/ /	
Was the last calving assisted?				Yes/No	
Was the cow treated for a metabolic condition?				Yes/No	
If yes what date?			/ /		
If yes what treatments were given?					
Was the cow down for any period of time after calving?				Yes/No	
Has the cow been treated for mastitis?	Yes/No	If yes date?	/ /		
Has the cow been treated for metritis?	Yes/No	If yes date?	/ /		
Any other illnesses treated?	Yes/No	If yes date?	/ /		
Has milk production fallen off before palsy started?				Yes/No	
Has the cow been given any treatment for sciatic palsy?				Yes/No	
If yes what treatment was used?					
Was there any sustained response to treatment?			Good/Some/None		

Was the affected cow recently wormed?

Were the affected cattle recently wormed?		Yes/No
If yes please list the anthelmintic treatments given and the date of their administration		
Date of anthelmintic treatment	Name of product used	
/ /		
/ /		

Was the affected cow recently vaccinated?

Were the affected cattle recently vaccinated?		Yes/No
If yes please list the vaccinations given and the date of their administration		
Date of vaccine treatment	Name of product used	
/ /		
/ /		

Was the affected cow recently treated for ticks?

Were the affected cattle recently treated for ticks?		Yes/No
If yes please list the tick treatments given and the date of their administration		
Date of tick treatment	Name of product used	
/ /		
/ /		

Was the affected cow recently given mineral supplements (copper, selenium, cobalt)

Were the affected cattle recently given mineral treatments?		Yes/No
If mineral supplements were given please list what products were used and when they were administered		
Date of mineral treatment	Name of product used	
/ /		
/ /		
/ /		

Pasture quality

How would you describe the recent pasture quality? Please circle one on each row					
Paddock of disease outbreak	lush	good	average	poor	rubish
Previous paddock	lush	good	average	poor	rubish

Supplementary feeding

Was the affected cow receiving supplementary feeding?		Yes/No
Please list what supplements are currently being fed and when started		
Date first fed	Supplement fed	Feed rate
/ /		kg/cow/day
/ /		kg/cow/day
/ /		kg/cow/day
/ /		kg/cow/day

Supplementary feed quality

How would you describe the supplementary feed quality? Please circle				
	good	average	poor	ruddish
	good	average	poor	ruddish
	good	average	poor	ruddish

Additional treatments

Was the affected cow receiving any additional medication? (you may tick more than one box) and date when started treatment				
Zinc sulphate in the water for facial eczema prevention		Date		
Zinc oxide drenches for facial eczema prevention		Date		
Time capsule boluses for facial eczema prevention		Date		
Bloat treatment in the water		Date		
Rumensin treatment in the water		Date		
Other		Specify	Date	

Stressful incidents

Did the cow experience any additional stresses in the last month such as a water shortage, dehorning, transportation, blood testing, weighing?		Yes/No
Date of stressful event	Stressful experience	
/ /		
/ /		
/ /		

Genetics

Details from MINDA	
Birth ID	
Breed code	

Farmer opinion

We would be very interested in your opinion as to what you think may have caused this cow to get sciatic palsy