



HERD HEALTH PLAN VETERINARIAN REVIEW FORM

This form is acceptable to meet the "written herd health plan reviewed at least annually by the Veterinarian of Record" standard within FARM Animal Care Version 4.

Facility Name						
FARM Animal Care Version 4 standa be utilized for multiple annual revie		line that herd health plans	must be	reviewed at least annuc	ally. This do	ocument can
YEAR						
Facility Owner/Manager Name				Rev	view Date	
Facility Owner/Manager Signat	ure					
Veterinarian Name				Rev	view Date	
Veterinarian Signature						
Protocols Reviewed						
Pre-Weaned Calf Management Non-Ambulatory Animal Management Fitness to Transport Euthanasia Difficult Calvings (Dystocia) Milking Procedures		Treatment of Common Diseases → Mastitis → Metritis → Milk Fever → Ketosis → Displaced Abomasum → Pneumonia → Diarrhea		Vaccinations Lameness Prevention and Treatment Emergency Action or Crisis Plan Pest Control Fly Control Parasite Control		Biosecurity Branding Castration

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Facility	Owner/Manager Name	Review	Review Date	
Facility	Owner/Manager Signatu	re		
Veterir	arian Name	Review	Review Date	
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YEAR Facility	v Owner/Manager Name		Review	Date
Facility	o Owner/Manager Name	re	Review	Date
Facility	_	re	Review	
Facility Facility Veterin	Owner/Manager Signatu	re		
Facility Veterin	owner/Manager Signatu	re		