

QUIZ NIGHT

THURSDAY 16th APRIL 2015



7.30PM START
PRIDE VETERINARY CENTRE
RIVERSIDE ROAD, DERBY DE24 8HX

TICKET PRICE
£7.00 PER PERSON
(MAXIMUM 4 PER TEAM)
Ticket price includes a pie
supper

To book your ticket, please ask at reception or call
01332 294929

All proceeds from the evening will be donated to



ScarsdaleVets
Pets. Farm. Equine.



Where they may safely graze...

Carolyn Baguley MA VetMB Cert AVP (Cattle) MRCVS Senior Farm Assistant



The results of an interesting research study were published recently, investigating contamination of cattle meat with phenylbutazone. Phenylbutazone, or 'bute', is an anti-inflammatory drug very commonly used in horses. All animals medicated with bute have to be permanently signed out of the food chain, as there is a risk (albeit very low) of serious side effects in humans exposed to the drug.

The study investigated four potential routes of contamination: feeding from a vessel previously used to administer the drug but not cleaned afterwards; close contact with a treated animal; grazing on pasture occupied by a treated animal immediately before; and grazing on pasture occupied by a treated animal three weeks before.

All four routes led to detectable levels of bute in the blood of the experimental cattle. The authors recommended that all food-producing animals (not just cattle) should be kept well away from:

- Any vessels used to administer bute to horses.
- Treated horses themselves for at least two weeks.
- Housing used for horses during or after treatment, until thoroughly cleaned.
- Pasture previously occupied by treated animals.

So for those farmers among you who do keep horses that are medicated with bute, please be aware that there is potential for cattle tissues to become cross contaminated, whether directly from feed buckets or via the dung! The detection of any concentration of bute in an animal means it can never enter the food chain - not what we want on a farm!



WELCOME TO
farm news

2015
Caring • Trusted • Professional



MARCH 2015

Contact us:

FARM & EQUINE CENTRE
Markeaton Lane, Markeaton,
Derby DE22 4NH
Tel: (01332) 294929

MAIN HOSPITAL
Pride Veterinary Centre,
Riverside Road, Derby
DE24 8HX
Tel: (01332) 678333

PARK FARM
Park Farm Centre, Allestree,
Derby DE22 2QQ
Tel: (01332) 554422

DUFFIELD
15 Town Street, Duffield
Derby DE56 4EH
Tel: (01332) 841700

MICKLEOVER
3 Vicarage Road,
Mickleover, Derby
DE3 0EA
Tel: (01332) 518585

HILTON
6 Witham Close
Egginton Road, Hilton
Derby DE65 5JR
Tel: (01283) 732999

OAKWOOD
Unit 9, Oakwood District
Centre, Oakwood
Derby DE21 2HT
Tel: (01332) 666500

SHELTON LOCK
247 Chellaston Road,
Shelton Lock
Derby DE24 9EG
Tel: (01332) 700321

THE SPRINGWOOD
VETERINARY CENTRE
90 Spring Terrace Road
Stapenhill, Burton-on-Trent
DE15 9DX
Tel: (01283) 568162

STRETTON
36 The Green, Stretton,
Burton-on-Trent
DE13 0EQ
Tel: (01283) 565333

post@scarsdalevets.com

Please note that telephone calls are recorded for quality and monitoring purposes.

ScarsdaleVets
Farm

www.scarsdalevets.com

Pride Veterinary Centre

Hospital. Practice. Resort.

SpringwoodVets



Lepto Vaccine Reminder

Sid Parker BVM&S MRCVS



Leptospirosis, still a common infection in beef and dairy herds, can cause fever, infertility, abortion and poor milk yield. It can also cause nasty infections with flu-like symptoms in humans, and dairy farmers are particularly at risk from

infected urine splashing onto the face and getting into cuts during milking. The most important risk factors for lepto spreading to a herd are open herds bringing in cattle from other farms, using shared bulls, sharing grazing with sheep, and shared grazing with common watercourses. Lepto is spread most often during the spring and summer months while cattle are grazing at pasture, and so the primary vaccination course (and thereafter the yearly boosters) should be completed in the spring. If you normally vaccinate for lepto, don't forget to order your vaccine soon. If you don't, and you think that perhaps you should, do speak to one of the vets!

Huskvac Reminder

Vaccinating your youngstock before their first grazing season is still the most effective way to prevent lungworm infection. Doses must be ordered soon - the first dose needs to go in at least 6 weeks before turnout. 2 doses are required 4 weeks apart, with the second dose at least 2 weeks before turnout.

Meet the Team: Louise Gaskin

Louise has worked on reception at Scarsdale for 10 years. She started work at our old small animal practice on Kedleston Road, but was keen to join the farm and equine side at our Markeaton branch due to her own equine interests. Louise keeps busy out of work with her 3 small children; Morgan who is 8 and a keen horse rider, Hariette who is 6 years old and prefers to run alongside the horses and Luke who is 2 years old and loves his Shetland pony called Bella. Louise also has her own collection of horses, ponies and French Bulldogs!



Hector Santo Tomas DVM MRCVS Is He Worth It?

The pros and cons of bull hire



Hiring a bull to serve cows naturally is still a common practice on many farms in the UK. Below we consider some of the advantages and disadvantages of bull hiring.

PROS:

- + Bulls with better genetic value can become more affordable.
- + Maintenance costs are reduced (as long as the bull is hired for just a few months).
- + A different bull, or even a different breed, can be used each year, reducing risks of inbreeding.
- + Risks of mismating are lower, e.g. if no bull has access to young heifers for several months of the year.

CONS:

- The desired bull may not be available when needed.
- The bull's temperament may not be as good as expected.
- There is a risk of injury during transport.
- The bull may be subfertile on arrival, lame, or not have had time to rest, etc.
- There's greater hassle if the bull dies or gets badly hurt on farm.
- If your farm goes under restriction (i.e. failing a TB test), the bull may still have to be paid for even if it is not used.
- For calving ease, we have to rely on EBVs or other farmers' experience, rather than our own.
- There is a very high risk of introducing new diseases into your herd, such as BVD, IBR, Leptospirosis, TB, Bovine Respiratory Syncytial Virus, Campylobacter, etc etc - the list goes on!

This introduction of disease is probably the major concern in the short, medium and long term, especially if the farm has had no previous history of any of the diseases the bull may bring in. The 'host' farm may suffer a big disease outbreak with serious clinical cases, decreased productivity and performance, reduced fertility, more money spent on drugs and vets, and even animal deaths.

In the medium term, we may have an increased number of abortions or still births due to BVD, IBR or Lepto, for instance. In addition to this, our new-born calves may be more likely to suffer pneumonia or other diseases, which again will have repercussions on growth rates, and vets and drugs bills.

In the long term, we may still see all these problems for some years, until we can eradicate the disease(s) - if we actually achieve eradication. But if the disease the bull introduced into the herd was TB (despite a clear pre-movement test - remember that not all infected animals get picked up by the test!), we may struggle in a different way - the hassle of TB testing more often, home-bred animals slaughtered and movement restrictions on and off the farm!

Of course, all that does not always happen, and we may have never had any of these problems so far, but it can be a matter of time; a gamble. These are some of the worst-case scenarios, but is it worth the risk?

It is worth bearing in mind that it is NOT a closed herd if we are hiring a bull! We are not only hiring the bull, but all the bugs it carries, and they may become established on the farm.



More, please, Sir!

Liz Cresswell BVM BVS MRCVS



The first few days of life are crucial for dairy calves, in order to develop into healthy, high-quality replacement animals. I spoke to Mark and Lyn, who are in charge of calf-rearing at Oaklands Farm, a 300-cow Jersey herd, who have implemented major changes in their calf production over the past year. Lyn also works for GLW feeds.

Q: What prompted you to make the changes to your calf management?

Although not many calves were dying, we had a lot of problems with scouring (mainly cryptosporidium, rotavirus and coronavirus), and poor growth rates. We were using a lot of antibiotics too.

Q: What changes have been implemented?

We changed the volume of colostrum that calves were getting. Initially we were giving 2L in the first feed within 6 hours, and 2L at 12-18 hours (N.B. these quantities may seem low, but remember these are for Jersey calves which weigh approximately 25kg at birth!).

In September we started using a pasteuriser, supplied by GLW feeds. Now we collect colostrum from any Johnes'-free animal (we have also upped our Johnes surveillance through blood sampling dry cows!) and test the quality using a simple refractometer. 4L of high quality colostrum is given in the first feed as soon as possible after birth, and 4L at the second feed.

Lower quality colostrum is frozen and used for the later feeds, and then on the second or third day the calves are moved onto milk replacer. To ensure that the calves get enough colostrum we now administer it using a metal oesophageal groove tube, which came with the pasteuriser - we find this much easier to use than we'd anticipated!

Q: Why did you choose to use a pasteuriser?

The pasteuriser improves the efficiency of the whole process. We can take colostrum from any cow, split and store it into high and low quality, and it is thawed and ready to administer within 20 minutes - which means that even if she calves in the middle of the night, the calf still gets colostrum straight away. Pasteurisers eliminate many of the bacteria in the colostrum and milk, which means that the calves can concentrate on growing instead of fighting disease.

Q: What advantages have you seen since implementing the changes?

Calf health has improved vastly - we are trebling growth rates by day 63, and have far fewer scouring calves and are therefore using fewer antibiotics. The whole process is simple and easy, and each calf gets standardised treatment. We have all but eliminated the need for using Halocor.

Q: What were the costs for this?

The pasteurisers are around £5000, although we were able to get a grant to help with the cost, and consider that the benefits further down the line far outweigh these costs. We have also had to increase our Johnes' surveillance to ensure that positive cows do not have their colostrum pooled and given to calves.

Putting in the effort early on pays dividends in the long-run when it comes to calf rearing in order to produce healthy, high-quality replacement animals. This is a great example of a success story, but it has been done with the whole herd management in mind. The pasteuriser has improved calf health, but only in combination with increasing the quantity of colostrum administered, and ensuring that it is given within specific time frames. It is also very important to know the disease status of the animals that colostrum is being taken from. For more information about pasteurisers contact lynsmith@glw-feeds.co.uk, and if you are interested in making changes towards improving your calf health then please speak to your vet.



The feeding tube. The frozen colostrum is put inside the green plastic case, and thawed in the pasteuriser. It can then be administered directly to the calf using the tube attachment - we are happy to show you how this can be done safely and effectively!



Mark with two healthy calves!