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| bcvaInvestigation of inhibitory substances found in milk – preliminary report form |  |

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| **Name and Address of Veterinary Surgeon** |  | **Name and Address of Farmer** |  |
| **Milk purchaser** |  | **Membership number** |  |
| **Date of Failure** |  | **Quality testing lab** |  |
| **Date of investigation** |  | **Investigation method** |  |
| **Milking Plant** |
| **Type / size of parlour** |  |
| **Computerised / Auto Id** | **YES / NO** |
| **Was separate dump line used?** | **YES: dump bucket / line / dump cluster / NO** |
| **Milking routine** |
| **Who did the milking?** |  |
| **Were relief milkers milking on day of failure?** | **YES / NO** |
| **How are cows identified?** (Freeze brand / ear tag / Auto Id etc) |  |
| **How are cows under withdrawal identified?** |  |
| **Were cows under withdrawal clearly identified at the time of the failure?** | **YES / NO** |
| **Is there a marker board in the parlour?** | **YES / NO** |
| **Are cows under withdrawal milked last?** | **YES / NO** |
| **Are quarter milkers used?** | **YES / NO** |
| **Frequency of milk collection** | **DAILY/ EVERY OTHER DAY/ OTHER** |
| **Bulk tank volume on day of failure** |  **L** |
| **Animal treatments** |
| **Are medicine records up to date?** | **YES / NO** |
| **Are dry cows separated from the milkers?** | **YES / NO** |
| **Did any new calved cows have Milk Fever?** | **YES / NO** |
| **Were any cows purchased in the 10 days prior to the failure?** | **YES / NO** |
| **How many cows were milked on day of failure?** |  |
| **Were any cows treated during the milking routine?****If yes, were hands washed after handling antibiotics?** | **YES / NO****YES / NO** |
| **Were any cows treated ‘off label’ at the time of the failure?****If ‘yes’ – what milk withdrawal period was advised?** | **YES / NO / DON’T KNOW****Advisory withdrawal period:**  |
| **Is a teat sealant used?** | **YES / NO** |
| **Are medicines stored securely?** | **YES / NO** |
| **Could anybody have interfered with the bulk tank?** | **YES / NO** |
| **Has the vet been attending any animal recently?** | **YES / NO** |
| **Is there a test kit available?** | **YES / NO** |

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| **Individual cow tests carried out for antibiotics** |
| **Cow Id.** | **Date** | **Test performed** | **Result**  | **Container type used for collection of milk** | **Batch no and expiry date of test** |
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| **Animal treatments to milking cows in the 10 days prior to the failure** |
| **Cow Id.** | **Treatment (product name)** | **Dose** | **Date** | **Date milk added to bulk tank** | **Office Use Only** |
|  | **SYSTEMIC ANTIBIOTICS** |  |  |  |  |
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|  | **INTRAMAMMARY ANTIBIOTICS** |  |  |  |  |
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|  | **ANTHELMINTICS** |  |  |  |  |
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|  | **OTHER** |  |  |  |  |
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| **New calved cows (including early calved/aborted) in the 10 days prior to the failure** |
| **Cow Id.** | **Dry cow treatment date** | **Treatment (product name)** | **Dose** | **Calving date** | **Date milk added to bulk tank** | **Office Use Only**  |
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| **Antibiotics routinely used on farm to milking animals** |
| **Product** | **Reason for use** |
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**Sampling for inhibitory substance test**

1. Ensure that the sample is representative of milk from *all quarters* (ie composite of equal volumes)
2. Always use an approved sample container that is clean and dry and does not contain any preservatives or inhibitors
3. If collecting from a recorder jar, ensure it has not been contaminated from a previous animal
4. Avoid contaminating the sample with inhibitory substances on collection(eg disinfectants, teat dips)
5. Ensure the sample is correctly identified, labelled and securely sealed
6. Ensure the sample is kept cool, preferably frozen, between collection and testing

Refer to manufacturer’s instructions for individual test protocol if appropriate

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| **Product suspected of failure** |
| **Name of product** |  |
| **Batch number and expiry date** |  |
| **Who was the prescribing vet?** |  |
| **Cow suspected of causing failure** | **ID** |
| **Daily yield** |  **L** | **Date calved** |  | **Date milk in tank** |  |
| **Declaration** |
| **Signed MRCVS** |
| **Print name** |
| **Telephone number** | **Email** |