

# Quarterly Vet Report

## SECTION A: GENERAL DETAILS

Date of visit..... Visit type: Remote      Physical

Unit Type (tick as appropriate)    Indoor/Outdoor      Breeder/Weaner/Grower/Finisher/Other.....

Name and postcode of unit.....

QMS membership number.....      Slap mark(s).....

**If live pigs are sourced from other units, please provide details below:**

Name of unit(s).....

QMS membership number(s).....

Slap mark(s).....

## SECTION B: GENERAL INFORMATION

Please tick the relevant boxes:

	Compliant	Non-compliant (give details below)
Hospital pens		
Medicines: records, storage		
Veterinary Health & Welfare Plan		
Euthanasia policy		
Dead pig storage and disposal		

Notes on non-compliance or welfare concerns since the last veterinary visit:

Has a Real Welfare assessment been completed?.....      How many pigs were assessed?.....

Has an antibiotic usage audit been completed?.....

Date Veterinary Health and Welfare Plan was last reviewed and updated.....

Name of the attending vet (Please Print).....

Veterinary practice.....

PVS Membership Number.....

Telephone.....      Postcode.....

Signature of Vet.....      Date.....



## SECTION C: BREEDING HERD (Gilts, sows and boars)

If no breeding herd is present on the unit, please move to section E.

Number of sows from farm records..... or estimated number of sows.....

Number of maiden gilts/gilts in breeding herd from farm records..... or estimated number of maiden gilts/gilts.....

Please tick the relevant boxes:

	No concerns	Mild/moderate level of concern	High level of concern	Other (give details below)
<b>Abortions</b>				
<b>Regular returns</b>				
<b>Irregular returns</b>				
<b>NIPs</b>				
<b>Delay in puberty</b>				
<b>Lameness</b>				
<b>Sow condition</b>				
<b>Sow mortality</b>				
<b>Respiratory disease</b>				

Optional notes on the breeding herd since the last quarterly veterinary visit:

## SECTION D: FARROWING HOUSE (Farrowing sows and litters)

If no breeding herd is present on the unit, please move to section E.

Please tick the relevant boxes:

	No concerns	Mild/moderate level of concern	High level of concern	Other (give details below)
Mastitis				
Agalactia				
Lameness				
Perinatal scour				
Mid lactation scour				
Pre-weaning scour				
Meningitis				
Arthritis in piglets				
Stillbirth				
Neonatal mortality				
Piglet viability				
Variable piglet size within litter				
Born alive				
Respiratory disease				

Optional notes on farrowing since the last quarterly veterinary visit:

## SECTION E: WEANERS, GROWERS AND FINISHERS

If no weaners, growers or finishers are present on the unit, please move to section F.

Has the unit been empty for the full quarter?.....

Number of weaners up to 30kg from farm records..... or estimated number of weaners.....

Number of growers 30-60kg from farm records..... or estimated number of growers.....

Number of finishers 60kg to sale from farm records..... or estimated number of finishers.....

Please use the key below to complete:

	Weaners	Growers	Finishers
<b>Respiratory disease</b>			
<b>Scour without blood</b>			
<b>Scour with blood</b>			
<b>Meningitis</b>			
<b>Lameness</b>			
<b>Sudden death</b>			
<b>Vice</b>			
<b>Poor growth rate</b>			
<b>Acquired defects</b>			

Key:

1 = No Concerns	2 = Mild/moderate level of concern	3 = High level of concern	4 = Other (give details below)
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Optional notes on weaners, growers and finishers since the last veterinary visit:

## SECTION F: DIAGNOSIS OF MAJOR INFECTIONS

This is the opinion of the attending vet, based on information available at the time of completing the form and is no way legally binding.

Presence of the following diseases based on known or reported history, clinical or laboratory results.

Please tick the relevant boxes:

	Don't know	Likely negative	Confirmed negative	Likely positive	Confirmed positive
PRRS					
<i>Mycoplasma hyopneumoniae</i>					
<i>Actinobacillus pleuropneumoniae</i>					
Mange					
<i>B. hyodysenteriae</i> (Swine Dysentery)					
<i>Streptococcus suis</i>					

### Notes on disease status since the last veterinary visit:

Are there unusual clinical signs suggestive of new or emerging disease either locally or nationally?

Has there been an increase in antibiotic use over the last quarter or since the last veterinary visit and if so please state the reason for this? Please include details and justification for any CIA's administered.

Have there been any significant changes to buildings, management procedures or practices over the last quarter or since the last veterinary visit and if so, please provide details?

Ensure internal and external biosecurity measures in place and please indicate areas for improvement.