

Quarterly Vet Report

SECTION A: GENERAL DETAILS

Date of visit.....

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	<input type="checkbox"/>	<input type="checkbox"/>
Medicines: records, storage	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary Health & Welfare Plan	<input type="checkbox"/>	<input type="checkbox"/>
Euthanasia policy	<input type="checkbox"/>	<input type="checkbox"/>
Dead pig storage and disposal	<input type="checkbox"/>	<input type="checkbox"/>

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?.....

Having carried out a quarterly review, I recommend this farm performs tail docking (tick N/A if not docking and therefore no quarterly review) Yes ☐ No ☐ N/A ☐

Having carried out a quarterly review, I recommend this farm performs tooth reduction (tick N/A if not reducing teeth and therefore no quarterly review) Yes ☐ No ☐ N/A ☐

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)
Abortions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregular returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delay in puberty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lameness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sow condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sow mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional notes on the breeding herd since the last quarterly veterinary visit (including justification for any mutilations):

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agalactia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lameness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal scour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid lactation scour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-weaning scour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis in piglets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stillbirth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piglet viability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable piglet size within litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born alive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
Respiratory disease			
Scour without blood			
Scour with blood			
Meningitis			
Lameness			
Sudden death			
Vice			
Poor growth rate			
Acquired defects			

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mycoplasma hyopneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Actinobacillus pleuropneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B. hyodysenteriae</i> (Swine Dysentery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Streptococcus suis</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.