

Kansas Department of Agriculture Division of Animal Health

agriculture.ks.gov/animalhealth

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Trichomoniasis Herd Management Plan

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|---|---|-------------------------|---|--------------------|--------------------|---------------|------------------------|
| Operation Name | | | Contact Name | | | | |
| Operation Address | | | Owner Name & Address (if different than operation) | | | | |
| City | | | State | Zip Code | | County | |
| Telephone | | Cell Phone | | E-Mail | | • | |
| Location and Directions to Bulls | | | | | | | |
| 1. This agreem | ent is established betweer | the operation listed | d above and the Kansas D | epartment of Ag | riculture, Divisio | on of Animal | Health (KDAH) |
| 2. This plan wi | II be in effect from the time | e the bull calves are v | weaned from the cows o | r are 7 months o | f age, whichever | r takes place | e first. |
| | pliance, all bulls addressed e until change of possessio | | | | with female catt | tle of any ag | ge. This requirement |
| 4. By participa | tion in this agreement, all | parties listed above | agree to abide by all asp | ects of K.A.R. 9-7 | '-4a. | | |
| loaned, or char | ows bulls that are of know ige possession without a p side of Kansas will be requ | rior official negative | Trichomoniasis test with | in the state of Ka | ınsas. Any bull(s) |) covered ur | |
| • | n in this plan requires that of this agreement and the p | | | | | ty of the pro | oducer to maintain the |
| 7. Any deviation from this proposed herd management plan will require authorization and approval by KDAH. Certain management changes or lack of notification of deviations from this plan may cause this management plan to be null and void. | | | | | | | |
| 8. This fully signed agreement will serve as proof of an approved Herd Management Plan with the Kansas Department of Agriculture. | | | | | | | |
| 9. This agreement will be reviewed on an annual basis. | | | | | | | |
| Narrative of Bull Herd Management Plan The general purpose of this section is to obtain a detailed description of how the bulls will be maintained and handled in order to prevent the possible exposure of the bulls to female contact prior to them being marketed. (Acceptance of the herd management plan will depend on housing and isolation arrangements, type of fencing, bull identification methods, timing of weaning, expected marketing age, etc.) Please describe in detail how your bulls will be managed to assure that the testing age extension will not provide increased exposure to female cattle thus increasing the risk of Trichomoniasis. Outline mitigation steps that would be taken if female exposure would occur. Additional pages may be added as necessary. | | | | | | | |
| Owner or Represen | tative Signature | | Print Name | | = | | Date |
| | | | | | | | |
| Herd Veterinarian S | Signature | | Print Name | | | | Date |
| | | | | | | | |
| State Animal Healt | h Official | | Print Name | | Phone | | Date |