

NEW YORK STATE FOOD SAFETY & DRUG RESIDUE AVOIDANCE EDUCATION PROGRAM

Responsible drug use and management for drug
residue avoidance in animal agriculture

Producer

Herd Veterinarian
and
NYSCHAP, NYSDAM, & FDA

NYS FOOD SAFETY & DRUG RESIDUE AVOIDANCE EDUCATION PROGRAM

INTRODUCTION

Consumer confidence in food safety and quality is very important to the success of animal agriculture. The NYS Drug Residue Avoidance Program uses the NTS Cattle Health Assurance Program (NYSCHAP) Food Safety and Drug Residue Avoidance Module to evaluate the use of antibiotics and drugs in livestock on individual farms to minimize the chances of contaminated milk or meat. Farms can prevent drug residues in meat and milk by creating standard operating procedures and performing employee training that focus on drug use as well as storage, animal treatments, and recordkeeping. The goal of this program is to promote consumer confidence, animal health and product quality and enhance farm profitability.

Why Antibiotic Stewardship and Residue Avoidance Important?

There is a public perception that antibiotics are used indiscriminately on livestock operations and that this use should be drastically curtailed. Several groups, including the American Medical Association, and The Center for Disease Control (CDC), have concerns that there is widespread, non-judicious use of antibiotics in livestock and that this is contributing to the development of antibiotic resistant bacteria. The availability of antibiotics for cattle is decreasing. It is our responsibility to review our antibiotic use policies and ensure that they meet prudent use guidelines.

Don't get on the List!

The Food Safety Inspection Service (FSIS) maintains a “**Repeat Residue Violator List**” that contains the names and address of producers who have more than one meat residue violation in a 12-month period. This list is used by FSIS and is also provided to livestock markets which assist plant owners and markets in identifying residue history of livestock suppliers which can affect buying decisions of cattle. Farms need to be aware that processing plants have very sensitive tests for finding drug residues and any animal that looks suspect (lame, thin body condition, signs of illness, etc.) will be drug tested. To prevent drug residues in their animals and to keep off the LIST, a farm needs good drug management. Good drug management on farms includes: working with a veterinarian; establishing appropriate drug lists and protocols; establishing treatment protocols; good recordkeeping; employee training; good culling practices and regular veterinary review of farm records. With better drug use management, farms can increase overall herd health, productivity and profitability.

This workbook will review the laws on drug use in food animals; the critical veterinary client patient relationship (VCPR); best management practices for drug use management; and guidelines on recordkeeping systems.

**NYS FOOD SAFETY & DRUG RESIDUE
AVOIDANCE CONTACT INFORMATION**

DATE: _____

FARM (NAME/EMAIL/PHONE #): _____

HERD VETERINARIAN/PRACTICE (NAME/EMAIL/PHONE #):

NYS VETERINARIAN (NAME/EMAIL/PHONE #):

MILK COOPERATIVE/INSPECTOR (NAME/EMAIL/PHONE#):

AMDUCA –Animal Medicinal Drug Use Clarification Act of 1994

The Animal Medicinal Drug Use Clarification Act of 1994 (AMDUCA) permits veterinarians to prescribe **extra-label** uses of certain approved new animal drugs and approved human drugs for animals under certain conditions. Under AMDUCA any extra-label use of an approved new animal or human drug must be by or on the lawful order of a veterinarian within the context of a **veterinarian-client-patient relationship (VCPR)**.

RESTRICTED AND PROHIBITED DRUGS IN FOOD ANIMALS

GROUP I. **Drugs with No Allowable Extra-Label Uses in Any Food-Producing Animal Species**

- **CHLORAMPHENICOL**
- **CLENBUTEROL**
- **DIETHYLSTILBESTEROL (DES)**
- **FLUOROQUINOLONE-CLASS ANTIBIOTICS**
- **GLYCOPEPTIDES** – all agents, including **VANCOMYCIN**
- **MEDICATED FEEDS**
- **NITROIMIDAZOLES** – all agents, including **DIMETRIDAZOLE, IPRONIDAZOLE, METRONIDAZOLE** and others
- **NITROFURANS** – all agents, including **FURAZOLIDINE, NITROFURAZONE** and others

GROUP II. **Drug Classes with Prohibited ELDU or with Restricted ELDU in Food-Producing Animal Species**

- **ADAMANTANE & NEURAMINIDASE INHIBITORS:** Extra-label use (ELDU) of these drugs is prohibited in poultry including chickens, turkeys and ducks in the United States.
- **CEPHALOSPORINS:** ELDU of all cephalosporin antibiotics, except CEPHAPIRIN, is **restricted** in the United States. ELDU restrictions differ for Major vs. Minor Food Animal Species as noted below:
 - 1) **Major Food Animal Species** (Cattle, Pigs, Chickens and Turkeys): ELDU is permissible only for therapeutic indications that are not included on the product label. However, ELDU of cephalosporin antibiotics is **prohibited** in all of the following situations:
 - the intended use of the product deviates from the approved dose, treatment duration, frequency or administration route on the product label,
 - the intended use of a product in an unapproved major species or animal production class,
 - the intended use of the product for the purpose of disease prevention.
 - 2) **Minor Food Animal Species** (all species that are not major species): ELDU of cephalosporin antimicrobial agents is permitted in these species.
- **GENTIAN VIOLET:** use is **prohibited** in food or feed of all food-producing animal species
- **INDEXED DRUGS:** ELDU of these drugs is **prohibited** in all food producing animals, with some exceptions for minor-use animal species that are not used as food for humans or other animals.
- **PHENYLBUTAZONE:** all uses of this drug are strictly **prohibited** in female dairy cattle greater than 20 months of age.
- **SULFONAMIDE–CLASS ANTIBIOTICS:** ELDU of all sulfonamides and potentiated sulfonamides is **prohibited** in adult lactating dairy cattle or dairy cattle greater than 20 months of age. only labeled uses of approved sulfonamides are allowed. ELDU of sulfonamides in milking sheep and goats is discouraged but not prohibited.

GROUP III. **Drugs with Special Restrictions for Grade “A” Dairy Operations**

The FDA publishes a set of minimum standards and requirements for the production of Grade “A” milk, which are published collectively as the **Grade A Pasteurized Milk Ordinance** (Grade “A” PMO). Certain drugs including non-medical grade dimethylsulfoxide (DMSO), dipyrone and colloidal silver, are not to be used or not to be stored on dairy operations or fed to lactating dairy cattle.

The New Veterinary Feed Directive (VFD) Effective 2017

The VFD final rule outlines the process for authorizing use of VFD drugs (animal drugs intended for use in or on animal feed that require the supervision of a licensed veterinarian) and provides veterinarians in all states with a framework for authorizing the use of medically important antimicrobials in feed when needed for specific animal health purposes.

The VFD final rule continues to require veterinarians to issue all VFDs within the context of a veterinarian-client-patient-relationship (VCPR), and specifies the key elements that define a VCPR. These key elements include that the veterinarian engage with the client (i.e., the animal producer) to assume responsibility for making clinical judgments about patient (i.e., animal) health, has sufficient knowledge of the patient by virtue of patient examination and/or visits to the facility where the patient is managed, and provide for any necessary follow-up evaluation or care.

Ensuring the Judicious Use of Medically Important Antimicrobials

Full implementation of The Food and Drug Administration's (FDA), Guidance #213 in December 2016 significantly changed the way medically important antibiotics have been used in animal agriculture for decades. **It is now illegal to use these medically important antibiotics for production purposes, and animal producers need to obtain authorization from a licensed veterinarian to use them for prevention, control or treatment of a specifically identified disease.**

In the case of disease prevention, the FDA believes it is important such use is appropriately targeted to animals at risk for a specific disease and the use duration is limited and risk-based. The FDA has examined the approved labels for medically important antibiotics used in feed and water and has identified that, on approximately 30 percent of the labels, there is at least one use that does not specify how long the drug should be used. However, many of these products are not currently being marketed. The FDA is continuing to analyze this issue and examine the specific animal health conditions that are associated with open-ended or long-term duration of use. The agency is particularly interested in whether alternative approaches could better manage such conditions. This may include more targeted use of antibiotics based on labels revised to align with judicious use principles, alternative non-antibiotic therapeutic options, changes in management/production practices, or other interventions.

What are the responsibilities of a farm that uses a VFD?

- only feed animal feed bearing or containing a VFD drug or a combination VFD drug (a VFD feed or combination VFD feed) to animals based on a VFD issued by a licensed veterinarian;
- not feed a VFD feed or combination VFD feed to animals after the expiration date on the VFD;
- provide a copy of the VFD order to the feed distributor if the issuing veterinarian sends the distributor's copy of the VFD through you, the client;
- maintain a copy of the VFD order for a minimum of 2 years
- provide VFD orders for inspection and copying by FDA upon request.

VCPR - VETERINARIAN - CLIENT - PATIENT RELATIONSHIP

New York State uses the Federal definition of a VCPR for Extra-Label Drug Use and VFD:

A valid veterinarian-client-patient relationship is one in which:

- A. A veterinarian has assumed the responsibility for making medical judgements regarding the health of (an) animal(s) and the need for medical treatment, and the client (the owner of the animal or animals or other caretaker) has agreed to follow the instructions of the veterinarian;
- B. There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s); and
- C. The practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy. Such a relationship can exist only when the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of examination of the animal(s), and/or by medically appropriate and timely visits to the premises where the animal(s) are kept.

VCPR Requirements by State:

<http://www.fda.gov/animalveterinary/developmentapprovalprocess/ucm460406.htm>

For all else, NYS veterinarians follow the State's definition of a VCPR:

A VCPR exists when all of the following are satisfied:

- A. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient with the assent of the owner of the animal or their duly authorized agent.
- B. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of:
 - i. a timely examination of the patient by the veterinarian, or
 - ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed, or
 - iii. medically appropriate and timely visits by the patient to the veterinary facility where the veterinarian is working.
- C. The veterinarian is readily available for follow-up evaluation and oversight of treatment and outcomes, or has arranged for appropriate continuing care and treatment.
- D. Patient records are maintained.

NYS Veterinary Practice Guidelines: <http://www.op.nysed.gov/prof/vetmed/vetpg5.htm>

*****Veterinarians must meet the State definition of a valid VCPR, in conjunction with the US-FDA definition of a valid VCPR, in other words, if the State definition goes above and beyond the US-FDA definition both definitions must be followed.***

VCPR - VETERINARIAN - CLIENT - PATIENT RELATIONSHIP

KEY POINTS & RECOMMENDATIONS

1. A VCPR IS AN INHERENT PART OF PRACTICING VETERINARY MEDICINE with no requirement for it to be written.
2. THE VCPR SHOULD BE DISCUSSED BETWEEN VET AND CLIENT particularly when it comes to drug usage. A client's drug usage can become the responsibility of their veterinarian even if the veterinarian is not aware of where or how their client is purchasing or using drugs. The relationship includes that the veterinarian is familiar with their client's operation – that would include drug usage.
3. WRITTEN AGREEMENTS BETWEEN THE VETERINARIAN AND THEIR CLIENTS IS HIGHLY ADVISABLE, especially regarding drug usage. This would clarify what is happening on the operation and create responsibility/accountability. Include expectations between the two parties, outline what the veterinarian's responsible is for the operation (i.e. management area, drug usage, etc.), the client agrees to follow the protocols and accepts the oversight put forth by that veterinarian. An example of such an agreement is NYSCHAP's Veterinary-Client Best Management Drug Usage Agreement.
4. THESE WRITTEN AGREEMENTS ARE NOT A **COMPLETE** VCPR in and of themselves, but rather, a subset of expectations under the broader definition of a VCPR; it includes responsibility and expectations between parties, as well as, documentation that "...the client (the owner of the animal or animals or other caretaker)" has agreed to follow the instructions of the veterinarian (stated in 21 CFR 530.3(i))of the US FDA VCPR definition.
5. FARM DRUG LISTS AND TREATMENT PROTOCOLS should be created by the veterinarian for the client. Employees should be trained on drug administration by the herd veterinarian. Signed confirmation by both parties is recommended on protocols, training and oversight.
6. REQUIRE FARMS TO KEEP WRITTEN/ELECTRONIC TREATMENT RECORDS for all groups of animals. Included in these records are: Date, ID, person administering treatment, indication for treatment, drug used, dosage, route given, withhold information for meat and milk.
7. IDENTIFY RISKS FOR DRUG RESIDUES by reviewing the farm's drug handling and usage, treatment records, number of individuals administering treatments, communication of these individuals, culling decisions, identification of all animals that have been treated – don't forget youngstock, storage and accessibility of drugs - especially VFD drugs. Refer to NYSCHAP's Drug Residue Risk Assessment under Residue Prevention Systems.
8. ONGOING COMMUNICATION between veterinarian and client regarding other veterinarians/consultants that may be working with the client and any drug use changes. Review of written treatment protocols, drug usage, and treatment records by the veterinarian on a regular basis.



VETERINARIAN – CLIENT BEST MANAGEMENT DRUG USAGE AGREEMENT

I. PRODUCER

Farm Name: _____ Owner's Name(s): _____

Address: _____ Type of Operation: _____

II. VETERINARIAN

Name: _____ Clinic Name: _____

Address: _____ Phone No.: _____

Farm management areas for oversight of veterinarian listed above if **not** for total Farm Operation:

- MAINTAIN COMMUNICATION WITH ALL VETERINARIANS/CONSULTANTS WORKING WITH THIS FARM.
- MAINTAIN A CURRENT DRUG LIST AND INVENTORY. DATE REVIEWED _____
- FOLLOW DRUG AND TREATMENT SOPs CREATED FOR THIS FARM. DATE REVIEWED _____
- REGULARLY CONDUCT & DOCUMENT EMPLOYEE TRAINING THAT REFLECTS CURRENT HERD ANIMAL DRUG USE, INCLUDING SPECIFIC, AGREED UPON, PROTOCOLS & SOPs.
- KEEP & USE FARM ANIMAL TREATMENT RECORDS FOR ALL ANIMALS OF THIS FARM
- REVIEW DRUG USE PROTOCOLS, SOPs, EMPLOYEE TRAINING AND TREATMENT RECORDS WITH OUR HERD VETERINARIAN EVERY _____, OR MORE OFTEN, AS NEEDED (CHECK WITH YOUR HERD VETERINARIAN). DATE REVIEWED _____
- THE ABOVE VETERINARIAN/PRACTICE WILL BE READILY AVAILABLE FOR FOLLOWUP IN CASE OF ADVERSE REACTIONS OR QUESTIONS ABOUT TREATMENT REGIME AS WELL AS FOR PROTOCOL DEVELOPMENT, TRAINING AND RECORD REVIEW.
- OTHER: _____
- RESPONSIBILITY EXCLUSIONS: _____

Both parties listed above agree to work together and implement as part of herd health and drug usage standards for the above farm the checked best management practices above except for noted exclusions or clarifications.

Owner's Signature _____ Date: _____

Veterinarian Signature _____ Date: _____

BEST MANAGEMENT PRACTICES FOR DRUG RESIDUE AVOIDANCE

I. The farm has a valid veterinarian-client-patient relationship (VCPR) in place:

- Y N A veterinarian regularly visits your herd and consults with you about animal management and health.
- Y N A veterinarian is readily available for follow-up in case of adverse reactions or treatment failure.
- Y N The veterinarian and producer have established an approved drug list.
- Y N The veterinarian establishes and regularly reviews drug use protocols in with the producer/farm management team.

 # Y'S CIRCLED/4

Comments:

II. Proper drug usage on the farm:

- Y N Only FDA – approved drugs are used to treat animals.
- Y N All drugs on the farm have proper labeling with copies of drug inserts and/or product labeling being followed and available.
- Y N Only drugs that are approved and labeled for designated herd groups ie. lactating cattle, non- lactating cattle (less than 20 months of age) or other herd groups (e.g. bob veal calves), are used in those herd groups, and only those herd groups.
- Y N Development of a farm specific list of current over-the-counter (OTC) and prescription (Rx) drugs that can be used on the farm.
- Y N Milk & meat withholding times are followed and documented as such in written records.
- Y N Treated animals are segregated from herd if applicable.

 # Y'S CIRCLED/6

Comments:

BEST MANAGEMENT PRACTICES FOR DRUG RESIDUE AVOIDANCE

III. Recordkeeping:

- Y N A record system is maintained for all treated animals.
- Y N All animals are uniquely identified.
- Y N Treatments are recorded immediately after completion.
- Y N Medication status is determined on all new additions.
- Y N ALL treated livestock (regardless of age or use), are identified after treatment.
- Y N Treatment records are kept for at least two years.
- Y N Drug label and insert directions are followed and the following information is recorded:
- Identity of animal(s) being treated
 - Route of administration
 - Dose administered
 - Meat and Milk withhold times
 - Specific dates when meat & milk can be used for food
 - Reason for administration
 - Drug Administered
 - Date of administration
 - Person(s) administering
- Y N Treatment records are regularly reviewed with veterinarian and used to improve management of potential hazards and to reduce risk to milk quality.

Y'S CIRCLED/8

Comments:

IV. Training:

- Y N Recommendations from the veterinarian are reviewed with owner/managers/family members/employees.
- Y N Employees and/or family members receive regular training on the administering of drugs, prevention of milk and meat residues, and handling of treated animals.
- Y N Employees and/or family members are trained on protocol of handling treated animals, ie. milking last, keeping treated milk from saleable milk. Premarket evaluation of animals.

Y'S CIRCLED/3

Comments:

BEST MANAGEMENT PRACTICES FOR DRUG RESIDUE AVOIDANCE

V. Drug/Chemical Storage/Testing:

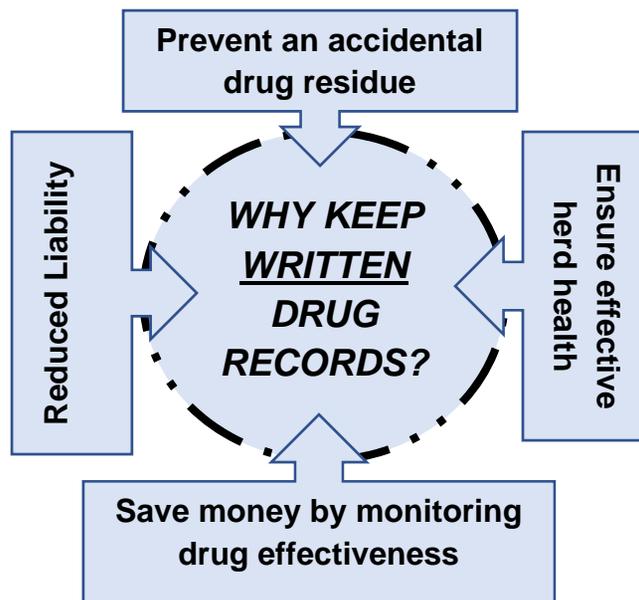
- Y N Drugs for Lactating and Non-Lactating animals are stored separately.
- Y N Drugs are NOT stored/held in the milk house.
- Y N Expired drugs are removed from inventory.
- Y N No prohibited drugs are kept on the farm, or used, on food producing animals.
- Y N Prescription products are labeled appropriately, including name and address of the prescribing veterinarian (with which the herd has a veterinary-client-patient relationship).
- Y N Any Veterinary Feed Directive (VFD) feeds on the farm are stored in such a way that accidental use cannot occur.
- Y N It is understood that extra label drug use for the purpose of improving rate of gain, feed efficiency or other production is prohibited.
- Y N A drug (including a bulk drug) may not be mixed with feed for any use or at a potency level not specifically permitted by FDA regulation, even if prescribed by a veterinarian.
- Y N Colostrum or milk from treated animals is not fed to veal calves.
- Y N Milk from dry-cow treated cows that freshen early is tested for residues prior to marketing.
- Y N Milk from newly purchased animals is tested before adding their milk to the bulk tank.
- Y N When a cow is treated in an extra-label manner, test the milk for residues. When using bulk tank tests on individual cows, consult the manufacturer's directions to ensure applicability

Y'S CIRCLED/12

Comments:

RECORDKEEPING

WHAT SHOULD BE INCLUDED IN YOUR FARM RECORDKEEPING SYSTEM?



1. Recommended Drug List: Discuss with your herd health veterinarian the need to make a *narrow* list of drugs to be used on your farm. From cost and product quality views, the intent is to minimize the size of your drug inventory, herd drug treatments and risk of selling food that contains an illegal drug residue.

2. Animal Treatment Plan: Together with your herd veterinarian, establish treatment protocols that meet your herd health needs. This will create consistency with drug use on your farm.

3. Drug Inventory Records: Track drug purchases, drug use through treatment records and drug disposal. This ensures drugs are staying on farm and being used appropriately.

4. Record Medicated Feed Purchases: Track all medicated feed/VFD purchases and uses to minimize the potential of medications being fed to the wrong animals. Be sure to clean feed equipment between batches. Carefully dispose of leftover feed from feeder calves, hogs, etc. Feeding any 'refusal feed' or water that contains medication, to any other farm animals, could result in a food residue. Store all medicated feed/milk replacers away from normal feed.

5. Daily Treatment Records: Practice good drug use policies and properly identify treated animals. The quality of your milk/meat/veal sales rests in part on the use of good daily drug treatment records.

6. Drug Use Economics: Review the success/failure of treatments to evaluate proper drug choices; the need to update protocols; identify preventive management opportunities and decision process of culling vs. treating animals.

PRE-MARKETING CHECKLIST

Farm Name _____

Cow ID _____ *All animals should have official ID before leaving farm*

Back Tag (from Trucker or Auction Barn) _____

Date Sold (Date cow left the farm): _____

YES NO Was this cow treated with any drugs within the past 2 months?
If yes, what drug? _____

Route of Administration: circle one IV SubQ IM Intramammary

Dosage (how much and how long): _____

YES NO Was the drug used according to the manufacturer's label?

YES NO Was this drug used according to your herd veterinarian?

Slaughter holdout: _____ days

YES NO Was slaughter holdout met per manufacturer's or veterinarian
recommendations?

Date of slaughter holdout met: _____

YES NO Should withhold be extended due to poor health; not eating or drinking normally
(Sick animals may not rid the drug as quickly as a healthy animal)?

YES NO Is the physical condition of the cow good (has BCS >2.0)?

YES NO Can she get up on her own and walk without assistance?

YES NO Will she pass a pre-slaughter check (Injuries, scars, lameness, signs of illness)?

YES NO Was a residue test performed? Name of Test? Circle one Meat Safe LAST

Date: _____ Result: Positive Negative

I have reviewed this animal's treatment history and condition and have determined that this animal is clear to go to slaughter.

Signature

Date



VETERINARY OVERSIGHT

The herd veterinarian is responsible for providing appropriate oversight of drug use on the farm operation. This oversight should include the creation of treatment and drug use protocols; training of personnel; and review of treatment, culling and mortality records. The benefits of continuous communication between the vet and the farm regarding drug use is the maintenance of the VCPR, assuring that the farm's drug list and protocols are correct and adhered to for their particular operation, identify changes in drug efficacy; and to bring up opportunities for preventative management to reduce the need for antibiotics.

Recommended Oversight Areas for Herd Veterinarians:

- Discuss VCPR and establish client agreement(s)
- Establish and regularly review a farm drug list
- Regularly review farm drug inventory/drug cabinet
 - Proper labeling
 - Proper storage
 - Proper safeguards to prevent accidental use
- Establish and regularly review drug use protocols
- Establish and regularly review treatment protocols
- Regularly review farm treatment records
- Regularly review farm cull/mortality records
- Perform training of farm personnel on drug selection, drug use, proper drug administration, and recordkeeping

Comments:

**PRIORITY ISSUES / DRUG MANAGEMENT
INTERVENTION STRATEGIES**

PRIORITY ISSUES:

BEST MANAGEMENT PRACTICES CHECKLIST SCORES				
# OF YES ANSWERS PER SECTION				
I.VCPR	II.PROPER DRUG USE	III.RECORDKEEPING	IV.TRAINING	V.DRUG STORAGE/TESTING
____ OUT OF 4	____ OUT OF 6	____ OUT OF 8	____ OUT OF 3	____ OUT OF 12

INTERVENTION STRATEGIES:

PRECAUTIONS WHILE ADMINISTERING ALL DRUGS

- *Read product label and insert and consult your veterinarian before administering drugs.*
- *Use a clean injection site and use a sterile needle for all injections.*
- *Use the label dosage and method of administration least likely to create a residue.*
- *Discard milk from all four quarters even when treating only one quarter with an IMM infusion.*
- *Milk treated cows last or use a segregated facility (divert milk from bulk tank or saleable milk).*
- *Thoroughly wash all equipment (inflations, hoses, weigh jars, etc.) that has come in contact with milk from treated cows.*
- *Make certain that any procedure used to divert milk from treated cows cannot accidentally send contaminated milk into the pipeline.*
- *Keep medicated feeds separated from non-medicated feeds.*
- *Ensure that calves fed antibiotic waste milk are not sent to slaughter until withdrawal times are met.*
- *Train employees on proper injection site selection.*

NEW YORK STATE FOOD SAFETY & DRUG RESIDUE AVOIDANCE EDUCATION PROGRAM

This program is made possible by a grant from the Food and Drug Administration (FDA) for outreach on proper drug use in food animals and drug residue avoidance. It is supported by the New York State Cattle Health Assurance Program (NYSCHAP).

For additional information and materials on drug residue avoidance and on the NYSCHAP disease management program go to our website www.nyschap.vet.cornell.edu.

*****Confidentiality:** The Agriculture and Markets Law, Article 16, Subdivision 41 exempts from public disclosure any proprietary farm protocol, animal or herd testing information and/or producer herd data maintained in confidence and voluntarily provided by an owner or operator of a farm operation to participate in a voluntary cattle health program such as NYSCHAP.



November, 2018

FOOD SAFETY/DRUG RESIDUE AVOIDANCE PROGRAM FARM VISIT CHECKLIST

**COMPLETE AND SUBMIT TO DR. MELANIE HEMENWAY, NYSCHAP COORDINATOR
MELANIE.HEMENWAY@AGRICULTURE.NY.GOV**

DATE _____ FARM NAME _____

ADDRESS _____

COUNTY _____ PHONE _____ EMAIL _____

HERD VETERINARIAN/CLINIC _____

SPECIES _____ PRODUCTION TYPE (DAIRY/MEAT) _____

CHECK TYPE OF VISIT AND AREAS DISCUSSED DURING VISIT:

	INITIAL VISIT		FOLLOW-UP VISIT
	AMDUCA / THE NEW VETERINARY FEED DIRECTIVE GUIDANCE / VCPR		REVIEW OF FARM TREATMENT RECORDS
	RECORDKEEPING		REVIEW FARM CULL/MORTALITY RECORDS
	BEST MANAGEMENT PRACTICES LIST SCORES: I. _____ /4 II. _____ /6 III. _____ /8 IV. _____ /3 V. _____ /12		FOLLOW UP WITH HERD ON PRIORITY ISSUES AND HERD PLAN FOR RESIDUE AVOIDANCE
	RECOMMENDED DRUG LIST AND REVIEW OF DRUG CABINET		IMPROVEMENTS IMPLEMENTED
	REVIEW OF FARM TREATMENT RECORDS		PLAN TO CONTINUE TO REVIEW FARM RECORDS AND PROTOCOLS
	HERD PRIORITY ISSUES & HERD PLAN FOR RESIDUE AVOIDANCE		WITHOUT STATE FIELD VETERINARIAN – NO NYS VET SIGNATURE NEEDED

PRODUCER SIGNATURE: _____

HERD VETERINARIAN SIGNATURE: _____

NYS FIELD VETERINARIAN SIGNATURE: _____		
Visit hours:	Travel Hours:	Mileage: