2020 National Dairy Quality Awards Nomination Form

NOMINATOR INFORMATION
Name: ______________________________ Company/Organization: _____________________________________
Address: _____________________________________________________________________________________
City: __________________________________________________ State:_______________ Zip: ______________
Phone: ____________________ Email: ____________________________________
Position: __veternarian   __extension agent   __field staff   __DHI supervisor __other: ______________

FARM INFORMATION
Farm Name: __________________________________________________________________________________
Owner’s Name(s): _____________________________________________________________________________
Address: _____________________________________________________________________________________
City: _________________________________________________ State:_______________ Zip: _______________
Phone: ____________________ Email: ____________________________________

FARM DATA [For the 12-month time period of June 1, 2019 - May 31, 2020]
Total no. of cows: _______ No. of milking cows: _______ No. of dry cows: _______ No. cows in 1st lactation:___
Breed(s): ____________
Enrolled in DHI testing? (Y/N) _______ If yes, does this include individual cow SCC testing? (Y/N) __________
Other testing service? (please specify): _________________ Includes individual cow SCC testing? (Y/N) _____
Current rolling herd averages (in pounds): Milk: ________________ Fat: ______________ Protein: ____________
Additional breed, enter here: Milk: ________________ Fat: ______________ Protein: ____________
Number of milkings per day _____ (2X or 3X)
Somatic Cell Count (milk plant monthly average records):
Average SCC (12-month period, calculated using monthly averages): _____ High monthly average SCC: _____
Standard Plate Count (milk plant monthly average records):
Average SPC (12-month period, calculated using monthly averages): _____ High monthly average SPC: _____
How many bulk tank SCC measurements are performed on your dairy each month? ______________
How many bulk tank SPC measurements are performed on your dairy each month? ______________
Cases of clinical mastitis detected in the 12-month period _____
How do you detect clinical cases? ________________________________________________________
Have you been cited for a drug residue violation (milk or tissue) in the 12-month period? ______
How many cows were culled for slaughter during the 12-month period (June 1, 2019-May 31, 2020)
Of the total number culled, how many were culled for udder health reasons? ______________
Of the total number culled, how many were culled for slaughter: ______________
Of the total number culled, how many were culled for replacements (sold as dairy): ______________
How many cows died during the time period (all reasons)? ______________
How many died due to mastitis? ____________________