NYSCHAP BUYER’S PRE-PURCHASE SURVEY

Date:

**Source Farm Information:**

Name: Address:

County:

Is the Herd Enrolled in NYSCHAP? QMPS Participation?

Herd Veterinarian/Practice:

**Herd Information:**

# Cows Milking: # Dry: #Heifers: #Calves:

Current Production/Year: lbs Milk/Head/Day:

Milkings/Day: How Long Has the Herd Been in Operation?

Commercial/Registered/Mixed Are Animals Introduced from Outside This Premises?

**Herd Health Information:**

What is used for animal Identification:

What is used for Herd Health Records System: DHIA Dairy Comp Written Records

Milk Quality & Udder Health/ Are there Individual Cow Somatic Cell Counts:

Describe Vaccination Program:

Marketing & Culling: Disease Issues/Testing:

Hoof Health: Reproduction:

Calf/Heifer Health Issues: Cow Health Issues:

**Animals Being Purchased:**

Date Inspected: Date Transported/Means of Transport:

# of Calves: Heifers: Cows: Bulls: Other:

Processing Prior To Transport: Vaccinations Testing ID