TOTALLY VETS ANIMAL CARE & EXPERTISE

VET notes

YOUR TOTALLY VETS NEWSLETTER ALL ABOUT ANIMALS ON YOUR FARM

JULY 2013

Mike & Raewyn Hills receiving their award

Runners-up Farm Manager of the Year, NZDIA National Event

Huge congratulation to Mike and Raewyn Hills who were runners-up in the Farm Manager of the Year category at this year's national event, held in Wellington on 24th May.

They were also awarded the national Fonterra Best Practice award.

As well as attending the awards dinner at the TSB Bank Arena, Chris and Raewyn spent the week in Wellington, visiting the city sights. These included West Wind, a 62-turbine wind farm west of Wellington city, a visit to Parliament and taking part in an organised 'amazing race' around the town. It was not only a hugely enjoyable week, but also a great opportunity for them to meet other couples from around New Zealand, who were also taking part in the competition.

Our congratulations also go to Richard McIntyre who won the Sharemilker/Equity Farmer of the Year Fonterra Interview Merit Award.

Transition time for dairy cows

Lindsay Rowe

The transition period is defined as the period from three weeks before calving until three weeks after calving.

This period is fundamental to the whole season's production and reproduction. Managed well, it can set the scene for top milk yields and maximum fertility. Managed poorly, it will limit potential production and adversely affect herd fertility.

The focus of transition management is to:

1. Physically prepare the cow for a change from the dry state to that of a lactating cow. The Golden Rule is to maintain appetite! During the last week prior to calving there is a natural decrease in the cow's intake - often by as much as 30% and it is occurring at a time when her requirement for energy is dramatically increasing. Dry Matter (DM) intake in the two to three weeks pre-calving is the single most important factor in managing the transition cow. She requires at least 11-12kgDM of a high quality ration daily through until calving. After calving, intakes must then become totally ad lib if cows are to perform to their potential.
2. Plan and manage feed carefully so as to avoid any sudden changes in the diet for the cow as she moves from the dry mob through to the springer mob (transition cow) into the colostrum mob and finally into the lactating herd. Done well, this will promote efficient rumen function and rapid recovery of full appetite.
3. Prevent hypocalcaemia (low blood calcium) over the calving period. Hypocalcaemia is a very significant problem in our lactating cows, milk fever being just the tip of the iceberg. Cows with low calcium levels are much more likely to experience other problems: calving trouble, retained foetal membranes, uterine infections, mastitis, lameness, reduction in appetite and ketosis.

   The risk of cows experiencing these problems can be reduced by minimising the drop in the cow's blood calcium around calving through:

   - Aiming for a near ad lib high-quality ration while keeping the level of lush green pasture in the ration pre-calving to a minimum - this will require the addition of maize silage and high-quality hay to the ration.
   - Ensuring adequate magnesium supplementation, starting three weeks before planned start of calving.
   - Ensuring that recommended levels of anionic salts are added to the ration in the period leading up to calving.
   - Using calcium enriched drenches immediately after calving.
   - Adding lime-flour and magnesium oxide to the post-calving diet.
4. Prevent immune suppression over the transition period. The majority of disease in dairy cows occurs in the second half of the transition period when the cow's natural defence mechanism is reduced following insufficient energy and protein intakes.

   Working hard to maintain intake through the transition period is then crucial if the risk of disease is to be minimised. Ensuring that a surplus of trace minerals is available is also critical at this time, as it is thought trace minerals may be able to boost the immune system.

Totally Vets current stock health

Dairy

The transition period is already underway for many. The key to a good transition is achieving the required feed and magnesium intakes. Even short-term variations in these will increase the risk of metabolic-related calving disease. So keep a close eye on mob sizes and the daily requirement for each mob. For grass-based systems, the type of magnesium is less important than the amount.

Factors that increase the availability of magnesium are energy (maize silage and total DM intake), saliva production (hay) and low potassium intake (avoid effluent paddocks). Remember the cheaper magnesium oxide (65% purity) now available contains only 39% magnesium versus 52% to 57% for the higher-quality product; smaller particle size equals improved availability.

HA HA

A farmer goes in half with a friend to buy a bull so he can increase his stock.

A couple of weeks later, the friend comes by to see how his investment is doing. The farmer complains that the bull just eats grass and won't look at the cows.

His friend suggests that a veterinarian have a look at the bull.

The following week his friend returns to see if the vet helped.

The farmer sounds delighted: "The bull has taken care of all my cows, broken through the fence, and has even serviced all my neighbour's cows!"

"Wow," says his friend, "what did the vet do to that bull?"

"Just gave him some pills'" said the farmer.

"What kind of pills?" asked his friend.

"I don't know, but they taste a bit like peppermint."

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No Lamb Vaccine this season

Chris Carter

This year MSD Animal Health, the manufacturer of Lamb Vaccine (containing the tetanus anti-toxin) has notified us that this product will not be available this season.

Lamb Vaccine is injected at docking/tailing to give passive immunity for up to 3 weeks to lambs born to ewes that have not been suitably vaccinated against tetanus.

With this vaccine off-market, vaccinating the ewes pre-lamb with a 5-in-1 vaccine is required. 5-in-1 vaccine will stimulate immunity to tetanus, pulpy kidney, blackleg, black disease and malignant oedema.

The vaccinated ewe will then pass on protective immunity to her lamb(s) via her colostrum when the lambs first suckle.

If the ewe has never been vaccinated, she will require two shots four weeks apart. The second 5-in-1 shot must be timed to be 3 weeks or less prior to the planned start of lambing.

For those ewes vaccinated in the previous 12 months, a booster 5-in-1 shot is given and again this vaccination shot is applied 3 weeks or less prior to the start of lambing.

It is extremely important to plan your vaccinating so that ewes are held off pasture for as short a time as possible; a day's starvation during yarding and mustering can have severe negative consequences on the energy balance of ewes close to lambing, which can markedly reduce lamb survival. Plan where possible to vaccinate ewes in batches so they are off feed for 3 hours or less if at all possible.

When vaccinating with 5-in-1, it is also a good time to provide a selenium boost. Talk to your vet or give us a call to see if this is applicable for your flock. Totally Vets can supply selenised 5-in-1 vaccines.

Having made the hard yards to get your ewes through to lambing following the drought, you will not want to lose lambs to clostridial disease, either tetanus following docking, or pulpy kidney, blackleg, black disease or malignant oedema. The last three fall under the umbrella of 'blood poisoning', which can also be a significant cause of ewe loss around lambing, especially in intensively-farmed systems.

Finally, if you are unable or unwilling to vaccinate ewes pre-lamb, or buying in ewes with lambs at foot, there may be the option to use ordinary 5- in-1 on lambs at docking. This should only be undertaken after discussion with your veterinarian on the background and risks.

Sheep & Beef & Deer

An early winter mimicking spring brings unexpected animal health challenges. The most dramatic one is worm burdens in hoggets and weaner cattle. Even though that threat will be reducing as the winter progresses, it would be wise to carefully monitor any extension of drench intervals. It is vital to be using an appropriate combination drench, orally, in these stock classes.

Lameness in sheep has been widespread. In hoggets, it is scald that is running rampant but in mature sheep, footrot is showing up as well. Foot bathing is the most cost effective way to manage this. The appropriate product to use varies with the cause of the lameness.

Lame deer have been another common presentation with the mild and moist May/June. Treating them is not as easy and needs to be on an individual animal basis. Do not leave them to heal on their own.

Managing early-season mastitis

Allie Quinn

Best practice guidelines for a trouble-free start to the season would include

- Culling chronic mastitis offenders, cows with ongoing high somatic cell counts and those with suspect udder conformation
- Using dry-cow therapy appropriately in cows you are retaining
- Dealing effectively with dry period infections
- Teatsealing heifers
- Checking and fully servicing the milking plant, as well as acting on all recommendations
- Reviewing milk quality control policies and practices with all farm personnel

Further:

- Springing cows fed generously, and not calved down on effluent paddocks or muddy breaks
- Fresh cows come into the shed for complete milking out within 12 hours of calving
- Colostrum cows managed as a separate mob with milk inspected at least daily
- Milk from all quarters of all colostrum cows screened for suitability to enter the vat
- Once in the milking herd, vigilance is exercised at all levels to detect and act on any signs of infection
- In spite of best efforts, mastitis remains a reality of milking cows. While wet weather will conspire to increase the risk, the extent of mastitis is often a function of how thoroughly the above principles are applied.

So what is 'best practice treatment' for clinical mastitis?

It is unrealistic to expect to 'cure' all infected quarters, but you can shift the odds in favour of a positive outcome:

- **Know your enemy** - collect sterile milk samples from the first 10-20 clinical cases of the season, before treatment, for bacterial culture
- **Detect clinicals EARLY** - 'if you do not look, you will not find!'
- **Treat aggressively** - NZ studies have established that more than 60% of mastitis over calving is due to *Strep uberis*. Unless milk culture results indicate otherwise, **penicillin** or its derivatives represents the best therapeutic approach
- As a **minimum**, administer 3 tubes of selected product per quarter at stated infusion interval (usually 12 hours)
- Be prepared to treat difficult infections for longer (6 tubes) provided progress is being made, but prolong milk withholding period on label and/or seek veterinary advice
- Use appropriate intramuscular drugs if more than one quarter is infected, especially in heifers and young cows, or where cow is sick due to mastitis
- Milk out infected quarter(s) completely, TWICE daily
- Use oxytocin to assist milk letdown and emptying of a swollen gland
- In the event of a poor response to initial treatment, develop a 2nd line treatment contingency in consultation with your veterinarian

Whenever dealing with clinical infections, be aware of the high risk of spread to 'clean' cows. To minimise this:

- Milk infected cows separately and last - this applies especially if run with colostrum cows
- Decide on a management system and an identification system for treated cows to avoid mishaps that could result in costly inhibitory substance grades or having to dump precious milk
- Mix teat spray fresh daily at the HIGH mastitis risk rate, adding extra emollient at up to 15%

Record all details - review alongside herd test. Other data to highlight include patterns of infection - by age, by days in milk, completeness of cure and future options for treatment and control.

Mastitis can be mastered! Dealing with early-season mastitis in a rational way will limit the short and long-term effects on the health, welfare and productivity of the herd.

At **Totally Vets**, we have the resources and the expertise to help treat mastitis, including the delivery of DairyNZ's SmartSAMM Healthy Udder programme and development of 'best practice' procedures tailored to your farm.

Talk to us today as an essential part of a strategy to ensure a high-quality food product leaves your farm every day.

When the pipes are blocked… Constipation in the working dog

Helen Sheard

Constipation is one of those diseases that may not seem too serious, but can turn into a severe and potentially debilitating problem.

It is seen most often in older un-neutered males as the prostate enlarges and starts to compress the large bowel; similarly, bitches that are prone to this problem seem to be more likely to get constipated when they come on heat and the uterus swells.

Dogs that are scavengers are also prone - nothing is better at blocking the bowel than mats of hair, wool and bone. Shards of bone can also perforate the bowel if the dog is constantly straining. This often leads to peritonitis (an inflammation/infection of the abdominal cavity), and in many cases, death.

'Clean' dogs that won't toilet in their runs, and will hold on until they are let out can be repeat offenders, especially if they are dehydrated for any reason, eg if it's a hot day, or water supply fails.

Repeat episodes of constipation can lead to a condition known as megacolon - the colon becomes stretched, and fills up with more faeces than normal before it gets the signal to empty. Because fluid is normally reabsorbed from faeces by the colon, the longer the faeces are present, the drier and harder they become.

If you notice your dog straining to defecate without passing anything, try giving two tablespoons of cooking oil on some dog roll. If this hasn't helped within 4 hours, please ring us for an appointment so that you can bring your dog into the clinic as soon as possible.

Treatment involves IV fluids to 'overhydrate' the body, enemas to soften and break up the faecal mass, and often a general anesthetic to manually remove the hardened faeces.

After a bout of constipation, it is very important to feed only a highly digestible diet so the faeces aren't so bulky. Normally we advise no bones at all. Notorious scavengers should wear a cage muzzle when they are let out.

Neutering or speying is also recommended for repeat offenders that have enlarged prostates or problems when they come on heat.

We have recently noticed another complicating factor in some dogs that come in with constipation - fused or broken tails. One case was in a 4-year old dog - too young to have any degree of arthritis. Some of these tails are unable to be lifted even to horizontal, and makes normal defecation difficult. Liken it to trying to squeeze through a door that won't open all the way. Trauma to the base of the tail is likely to be causing these changes - tails stood on by cattle or caught in gates for example. If anyone out there has any other ideas what might be damaging these tails, we would love to hear from you!

What's the goss?

It was a great turnout in Kimbolton on the 1st June for the FOB Oroua Stags vs Feilding Yelllows A's derby match. Although the Stags lost, they showed great tenacity in their defeat, fighting until the very end.

A huge welcome to **Roy Fergus**, who joined Totally Vets as Sales Manager on 1st July. He will be based in Taumarunui, managing farm supplies for that region - many of you will remember Roy, who has previously worked in the Manawatu. We are very excited about Roy joining the team.

Our Feilding clinic guinea pig **Fattypaddy** has had four pups (yes, that's the correct term for a baby guinea pig!). Judging by their size, we're not quite sure how they all fit inside her! If you are looking for a nice pair of male guinea pigs, or a female ($10 each), please come and see us instore - but

Johne's disease in cattle

Allie Quinn

Johne's disease is caused by *Mycobacterium avium* subspecies paratuberculosis (MAP), a bacterial infection which affects the small intestine in cattle, sheep and goats, deer and wildlife.

Johne's disease was first diagnosed in New Zealand in an imported Jersey cow in 1912. Although the infected cow was destroyed, further clinical cases emerged in New Zealand born animals within a few years. Johne's's disease has continued to spread and by 2010, a survey found 20% of New Zealand dairy farmers had confirmed clinical Johne's cases in their herds. The disease is estimated to cost the New Zealand dairy industry between $40 and $90 million in lost production each year.

The term 'Johne's disease' is used only to describe the clinical disease in ruminants, however there is a human ailment called 'Crohn's disease' that resembles Johne's in many ways. The risk to humans from contracting Johne's is still unclear, but Johne's disease is widely recognised as a potential risk to our dairy and meat export markets.

Many overseas countries have put Johne's management and control programmes in place. In New Zealand, DairyNZ levies contribute to Johne's research through the Johne's Disease Research Consortium (JDRC).

The JDRC research has four key research aims - improving diagnosis; increase understanding of the biology of the disease; finding a gene-marker for resistance to Johne's; and developing herd management programmes to find cost-effective ways to reduce production losses. Research is underway through Massey University, LIC, AgResearch and Otago University.

DIAGNOSIS

Diagnosis can be made through blood-testing, faecal-testing and post-mortem examination. Blood-testing is commonly used for diagnosis. Positive Johne's blood tests are reliable but a relatively high number of false negative blood test results can arise making the test unreliable for widespread screening.

Johne's vaccine in cattle is currently limited by poor vaccine efficacy and cross reaction of vaccinated animals with TB testing. Eradicating Johne's will be difficult, because the bacteria are found in wildlife species and survives in soil, so the focus needs to be on prevention and control.

CLINICAL SIGNS

The disease is contagious, particularly between infected adult animals and youngstock. Symptoms are slow to develop and in cattle the disease is typically diagnosed in animals over 4 years of age. Because of the lack of early signs, infected animals are usually unnoticed until a late stage - by which time the disease has already spread to other animals in the herd.

Weight loss is a key feature together with chronic watery diarrhoea. The scour is often bubbly but typically has no foul odour. Infected animals are usually bright and maintain a good appetite until the terminal stages. Swelling under the jaw or brisket is common as a result of protein loss.

Anecdotally, many Johne's infected animals remain in the herd and get back in calf despite being in poor condition. These animals shed high numbers of Johne's bacteria in their faeces and should be removed from the herd as soon as possible. Only animals at body condition score 3 or better that are otherwise in good general health are suitable for transport to slaughter. In all other cases, on-farm humane slaughter and disposal is advised. Get a vet check if you are unsure of the best option.

For more information about Johne's diagnosis and prevention, contact us at Totally Vets.

hurry, it won't take long for them to find a new home. Fattypaddy has since been renamed Skinnyminny.

Winter sports are in full swing. Congratulations to all our Totally Vets kids who participated in the Kainui Schools Cross Country at Awahou in June. **Leisa's** daughter **Haana** was 2nd in the Year 1 girls and her son **Kobe** 10th in the Year 3 boys (representing Newbury School); the Askin girls, **Jade** (6) and **Charlie** (4) also took part, with Charlie being the first girl from Hiwinui School to cross the line! Charlie Askin, in her Colyton School colours, is pictured with her very proud younger sister **Tabitha**.

On the rugby front, **Jack Nesdale** is storming ahead with his Saturday morning rugby - he scored a great try, got an action shot in the paper and player of the day! Congratulations also go to **Chrissy's** boys who have both made the Manawatu reps - **Nikora** U9 and **Kyle** U11 - well done boys.

Kirk's son **Connor** has already outfoxed his dad, at the age of five. On his return from school, he informed Kirk he knew there were three bananas in the fruit bowl. Kirk asked him if he knew this because he had counted them on his fingers. "No dad - I subitised them". Kirk smirked, thinking that Connor had made up this word, so on Connor's insistence, he looked the word up: "subitise: instantly recognising the number of objects in a small group, without counting". That was lesson number one. Lesson number two was learning all about soccer, and more importantly for Connor, about winning. "I scored two goals and then the ref said 'last goal wins', so I scored the last goal, so I won". This was followed by a demonstrative winning high-five with dad and a big smile. Simple really.

Hail Caesar!

Allie Quinn

During the calving season, there are few things more rewarding than having a farmer that promptly recognizes when a cow is having calving difficulty and who is prepared to call the vet to either calve the cow where possible or perform a caesarian section if needed.

I've never understood the reluctance of farmers regarding c- section surgery. Many vets that come from overseas to work in New Zealand have said the same. It seems some farmers are able to remember a cow from many years ago that either died, dried off early or didn't get back into calf.

Certainly from personal experience and survey information from New Zealand and overseas vets, c-section surgery outcome is far more positive than farmers perceive. Provided that a cow is either not down or does not have a rotten calf, the rate of survival and having a successful post-surgery lactation is expected to be around 90% or better!

The only downside, is that the success rate for c-section cows getting back into calf during the following mating period is relatively low - only about 30-40%. It would be interesting to survey how this rate compares to cows that either have had a difficult calving delivery or a foetotomy. I suspect c-section figures would actually compare quite well.

For dairy cows, the economics of performing the surgery stack up - even if you had a $5 payout and only put 300kgMS in the vat, you can expect to get a return around 3:1.

Other factors to consider:

Quick recognition and action for cows with calving problems is really important. Ensure all staff know what to look for and when to call for help. If you spend an hour trying to

calve a cow before getting assistance, you may already have caused enough trauma to compromise the outcome.

Cows that are either down or have a rotten calf have a poorer surgery prognosis. Then again, a cow that you do nothing with has no chance.

Cutting up the calf using a foetotome may or may not be an option. When the cervix is poorly dilated, foetotomy is not an option. C-section may also be a lot quicker but and less traumatic on the cow than foetotomy - even if the calf is rotten.

So hail Caesar - done in a timely manner on the right cases, definitely an option worth consideration.

CSI @Totally Vets

Helen Sheard

Gribbles Veterinary Pathology lab in Palmerston North has now linked up with Genetic Technologies' Animal Network in Australia - the only lab accredited in Australasia to run animal forensic testing.

This is an exciting new field for us! It means that dogs can be linked to stock attacks and attacks on other dogs or people. DNA can be collected from saliva, hair, blood or faeces at the 'crime scene' and compared to DNA from cheek swabs of the suspect dogs. The chance of an innocent dog having the same DNA profile as the guilty one is about 1 in 80 million.

Totally Vets has a vet that is certified to collect DNA samples and forensic evidence. Helen Sheard, one of our small animal vets at the Feilding clinic, is our very own crime scene investigator!

If you or your stock have been attacked, and you would like some DNA samples collected, please contact Helen at our Feilding branch, as soon as possible and preferably on the same day as the incident. Please ensure you leave the 'crime scene' as undisturbed as you can.

TSE surveillance incentives - money for deaths and culls!

Ginny Dodunski

Transmissible spongiform encephalopathies (TSEs) are a group of related brain-wasting diseases of humans and livestock.

The most commonly known TSEs are bovine spongiform encephalopathy (BSE), which occurs in adult cattle; scrapie in sheep and goats, and chronic wasting disease in deer.

Although livestock in New Zealand are not infected with the TSE agents, any country that wants to trade as TSE-free must undertake an internationally acceptable on-going TSE surveillance and monitoring programme, which has been designed along the guidelines provided by the World Organisation for Animal Health (the OIE).

This programme offers incentive arrangements to meet these guidelines, ensuring the continued market access that is vital to New Zealand's economy.

The Ministry of Agriculture and Forestry (MAF) pays the following TSE investigation incentives directly to farmers

Cattle	$150 + GST
Deer	$100 + GST
Sheep and goats	$50 + GST

Spring first aid for ewes

Ginny Dodunski

I may be wrong but this could turn out to be a doozy of a year for metabolic issues and on some farms, bearings in breeding ewes.

Typically in post-drought winters (particularly on more intensive farms), there has been more nitrogen use, more new grass or oversowing, and as we have seen to date this winter, fast growth of feed in the predominantly warm and wet conditions that prevailed through May and some of June.

For some reason, these fast-growing, recently sown pastures seem to present more of a metabolic risk to heavily pregnant ewes, especially if they are set-stocked onto them without having been previously adapted to this type of feed.

On hill country farms where feed levels lifted in early winter, ewes maybe gained some weight, and now feed is in decline; ewes will be stripping bodyweight in the weeks prior to lambing, and if this happens fast enough, you will see sleepy sickness in the better-conditioned ones, especially if they are off feed for too long around pre-lamb vaccinating time.

Below we will look at how to deal with ewes that go down, but first a bit on bearings:

An on-farm factor that has been associated with increased bearing risk in one of the few decent studies on bearings, is weight gain in the first trimester. Think back to what was happening on-farm from mid-April; feed covers were lifting on many farms from then and it may have been difficult to control intakes. While little can be done now to change this, please note it has also been shown that starving ewes in the weeks pre-lamb does NOT reduce the risk of bearings, and may well increase the risk of metabolic disorders.

Milk fever (a drop in blood calcium; hypocalcaemia) and sleepy sickness (ketosis; the products of excessive fat breakdown) are the metabolic diseases you may see in ewes as described above, in the last few weeks before lambing.

Ewes will initially stagger about then go down in the sitting position with their head to the side, and appear in a comatosed state. This tends to happen more quickly with milk fever; sleepy ewes will often appear depressed and lag behind before they become obviously wobbly. Both will die if left untreated, in less than a day for milk fever, and sometimes two or more days for sleepy sickness.

Milk fever and sleepy sickness can be really hard to tell apart, and ewes will often have both so we tend to treat them the same!

The response to treatment for milk fever is usually rapid (within half an hour) unless complicated by sleepy sickness as well.

The response to treatment for sleepy sickness is variable, and often disappointing. Sheep with the characteristic 'razor back' and wool pull are very unlikely to respond to therapy. If the ewe is still eating, the prognosis is more favourable, but it is hopeless if she is down and has stopped eating.

It is important to note that lambs born from recovered ewes are commonly stillborn (sleepy sickness), or have poor survival rates (milk fever).

For valuable animals, veterinary treatment may be necessary, so please consult our team of veterinarians if you have any questions.

* Note: for more information on treating ewes with bearings, go to the Farm animals/Sheep section of our website www.totallyvets.co.nz and click on 'Best treatment for bearings'.

Treatment options - do BOTH unless sure it is only milk fever	
Milk Fever	Sleepy Sickness
Calpro 250 100-150ml under the skin of the neck Once only	Ketol 120ml orally Once only AND
	Revive (electrolytes) 2L orally 2-3 times daily Ensure access to water at all times

A maximum of two samples may be submitted per farm per year.

HOW THE INCENTIVE SCHEME WORKS

If you would like to submit a sample, please give us a ring first so that we can ensure it meets the following criteria:

CATTLE - Between 30 months and 9 years of age; showing:

- A metabolic disorder which fails to respond to treatment
- Down with no obvious injury
- Previously reasonable behaviour in the milking shed, but now at the point of being culled for behavioural reasons
- Any signs which might be considered to be of neurological origin and which do not respond to treatment
- Abnormalities of gait or stance which are not obviously associated with musculo-skeletal pathology

SHEEP & GOATS - two years and older

- Progressive non-responsive nervous disease

DEER - two years and older

- Progressive non-responsive cases of ill-thrift
- Acute or peracute pneumonia, or aspiration pneumonia

In each case, where no other cause of the disease can be definitely diagnosed at the time of post-mortem.

After discussion we will then arrange for you to drop off the head at one of the clinics. When removing heads (chainsaw is fine for large stock!) leave at least 5cm or 2 inches of neck attached to the head, as it is important that we submit a piece of spinal cord as well as the brain. A vet will remove the brain and send it off to the lab. You will receive the incentive payment directly from MAF.

For further queries on the incentive scheme, please give us a ring at either our Feilding, Palmerston North or Taumarunui branches.

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