

Animal Health Improvement Cycle Report

(Please refer to Notes for Guidance. Fields marked with * are mandatory)

Part 1: Farm and Vet Details (to be completed by vet, in discussion with farmer):

Vet name: *	Vet practice: *	Farmer name: *
Farm address: *		Postcode: *
CRN: *	CPH Number: *	
eterinary Certification		
confirm that:		
I have completed the required trai	ning for delivery of the AHIC.	
The practice delivering this service	is responsible for 24-hour care, clinical servic	ces and antibiotic prescribing on this farm.
eterinarian signature:*	RCVS Number:*	Date:*
eterinarian signature:*	RCVS Number:*	Date:*

Please state approximate numbers of the applicable livestock classes:

Stock Type	Present on Farm?	Total Number of Ani	mals	Number of Breeding F	emales	
Sheep						
Beef						
Dairy						
Other						
Please stat	e stock type if other:					
Farm Assured: *	□ Yes □No	If Farn	n Assured, which FAWL Red Tractor Organic (any Other (pleas	scheme)		
If not Farm Assured,	, Vet Attestation comp	leted? 🗆 Yes 🗆 No				
If Vet Attestation has been completed, Vet Attestation Number (VAN):						
Antibiotic usage co	ompleted? *	 Yes – WLBP Calculator Yes – Nottingham Calculator Yes – Medicine Hub Yes – On paper Yes - Other (please specify): No 				

Step 1 - Measure

Obtain key livestock production and health data for up to five Production Health Metrics (PHMs) and analyse this in the context of the farm's goals and needs, including working towards optimum performance. Record these in the table below. Some potential PHMs can be found in Appendix 1.

Select at least one of these **Production Health Metrics** (PHMs) identified for improvement and agree realistic targets. These are the metrics that will have the greatest impact on productivity, health and welfare of the animals, and where improvements are realistically achievable.

Date Measure step completed:	
Completed on farm: \square Yes \square No	

	Baselir	ie	PHM Selected	PHM	PHM Target	Comments
PHM	Value		(Tick if 'yes')	Number	Value	
(including measurement units)	(Tick if estin	nate)				
Duration of calving period (months)						

Step 2 - Plan

For each selected PHM, agree up to 4 actions, that, if completed, will have a positive impact on the PHM value.

Date Plan step completed:	Completed on farm: \square Yes \square No
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PHM 1 * PHM name:

Actions	Agreed Action	Agreed Evidence Required	Timeframe
A1.1*			
A1.2			
A1.3			
A1.4			

PHM 2 PHM name:

Actions	Agreed Action	Agreed Evidence Required	Timeframe
A2.1			
A2.2			
A2.3			
7.2.0			
A2.4			

Step 3 – Act

The farmer (with vet's guidance as necessary) carries out agreed actions over the agreed timeframe.

Farmer supplies agreed evidence: (written/photo/upload)

PHM 1 PHM Name:

Action Number	Action	Action Completed	Date (if completed)	Farmer Comments	Veterinary Comments
A1.1*		Yes□ No□ Partly□			
A1.2		Yes□ No□ Partly□			
A1.3		Yes□ No□ Partly□			
A1.4		Yes□ No□ Partly□			

PHM 2 PHM Name:

Action Number	Action	Action Completed	Date (if completed)	Farmer Comments	Veterinary Comments
A1.1*		Yes□ No□ Partly□			
A1.2		Yes□ No□ Partly□			
A1.3		Yes□ No□ Partly□			
A1.4		Yes□ No□ Partly□			

Step 4 - Review

Date	Review step o	completed:		Completed on farm: \square Yes \square No				
	Baseline PHM Value	Value at Review Step	% Change	Actual Change	Emission Mitigation KG/Co2e (if known)	PHM Improvements Achieved? (Yes/No)	PHM Repeated for next AHIC? (Yes/No)	Comments
11*								
M 2								
	-	nmary comr	ment					

Veterinary advice for next steps:
Part 3 – Veterinary certification
I confirm that: 1. The steps Measure, Plan and Review have been completed with the farmer and this AHIC Report exists to verify this, for audit purposes.
2. I have completed the required training for delivery of the AHIC
3. The practice delivering this service is responsible for 24 hour care, clinical services and antibiotic prescribing on this farm
Veterinarian Signature:
Name:

RCVS Number:	
Practice:	
]
Date:	
Part 4 – Farmer declaration	
I confirm that the Measure, Plan, Act and Rev	iew steps have been completed and this AHIC Report exists to verify this.
Farmer Signature:	Date:
	OR

steps were not completed because: (RPW may require further information)				
Farmer Signature:	Date:			
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Appendix 1 – Production Health Metrics (Examples are not exhaustive)

General	Dairy	Beef	Sheep
Growth rate (kg/day) in [defined	Heat detection (% of [defined		Scanning rate (% of [defined
population]	population] served by Day 80)	Pregnancy rate (%)	population])
	Pregnancy success (Number of		
	overall services/ number confirmed		
	pregnant (serves per conception),	Calving period (% of cows calving	Lamb survival (% of live lambs
Mortality (% of defined population)	over a defined period)	within [defined period])	surviving until weaning)
Prevalence of [insert	Age at service (replacement heifers)		
disease/condition] (% of [defined	(% of eligible heifers served by 15		
population])	months of age)	Still birth rate (%)	Lameness (% of [defined population])
Incidence of [incidence of	Mean age at first calving (age		
disease/condition] (% of [defined	(months) of heifers at calving (within		Culling rate (% of [defined
population])	a defined time period)	Calf mortality (%)	population])
	Calving block (% of cows calving		
Antibiotic use (mg/PCU)	within [defined period])		
	Transition success (% of calved cows		
	that reach 30 DIM)		
	Milk fever (% of [defined population])		
	Abomasal displacement (% of		
	[defined population])		
	Body Condition Score		
	Passive colostral antibody transfer		
	Calf viability (stillborn) (% of [defined		
	population])		
	Calf survival (% of [defined		
	population])		
	First lactation success (% of calved		
	heifers that enter a second lactation)		