

## 2019 CALIFORNIA ORGANIC DAIRY SURVEY



### PART 1: RESPONDENT INFORMATION

- 1.1) Please select the title that best describes **your position** at the organic dairy. (*Select one*)  
☐ Herdsman/ Manager      ☐ Employee (not manager)  
☐ Owner      ☐ Other (Specify): \_\_\_\_\_
- 1.2) How **many years** have you been dairying? \_\_\_\_\_
- 1.3) Is your dairy farm/operation **currently certified organic**? ☐ YES ☐ NO
- 1.3.1) **IF YES**, what year did you receive your organic certification? \_\_\_\_\_
- 1.3.2) **IF YES**, what accredited certifying agent certified your dairy organic? (*Select one*)  
☐ USDA      ☐ Oregon Tilth Certified Organic      ☐ Other (Specify): \_\_\_\_\_  
☐ CCOF      ☐ Organic Certifiers, Inc.
- 1.4) What **county** is/are your farm(s) located within? \_\_\_\_\_

### PART 2: FARM HISTORY AND DEMOGRAPHICS

- 2.1) What is the predominant **dairy breed** (>50% of the cows)? (*Select one*)  
☐ Holstein      ☐ Jersey  
☐ Crossbreed      ☐ Other (Specify): \_\_\_\_\_
- 2.2) What is your **average milk production** per cow per day in gallons? \_\_\_\_\_ gallons
- 2.3) Which of the following best describes the **average BTSCC (Bulk Tank Somatic Cell Count)** for milk shipped during the last 12 months? (*Select one*)  
☐ Less than 100,000 cells/ml      ☐ 300,000 - 399,000 cells/ml      ☐ 600,000 cells/ml or greater  
☐ 100,000 - 199,000 cells/ml      ☐ 400,000 - 399,000 cells/ml  
☐ 200,000 - 299,000 cells/ml      ☐ 500,000 - 599,000 cells/ml
- 2.4) What is your **primary milking parlor** used? (*Select one*)  
☐ Side-opening (tandem)      ☐ Rotary (Carousel)      ☐ Other (Specify): \_\_\_\_\_  
☐ Herringbone (fishbone)      ☐ Flat barn  
☐ Parallel (side-by-side)      ☐ Parabone (herringbone-parallel hybrid)
- 2.5) Do you use **individual identification** (ear tags, collars, electronic ID)? ☐ YES ☐ NO
- 2.6) Do you use any of the following type(s) of **record keeping program(s)**? ☐ YES ☐ NO
- 2.6.1) **If YES**, to you use the following systems? (*Check all that apply*)

#### **Record Keeping System**

- |  |                          |
|--|--------------------------|
| Handwritten records (e.g., a ledger or notebook) | <input type="checkbox"/> |
| Dairy Herd Improvement Association (DHIA-Plus)   | <input type="checkbox"/> |
| DairyCOMP 305                                    | <input type="checkbox"/> |
| PCDart   | <input type="checkbox"/> |
| Other (Specify) _____                            | <input type="checkbox"/> |

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2.7) Approximately how **many dairy animals** of each group (cows, heifers, calves) are currently on the farm?

Cows: \_\_\_\_\_ Heifers: \_\_\_\_\_ Calves: \_\_\_\_\_

2.8) Do you **calve seasonally**? ☐ YES ☐ NO

2.8.1) **If YES**, when? (*Select one*)

☐ Spring ☐ Spring & Fall  
☐ Fall ☐ Other (Specify): \_\_\_\_\_

2.9) In the past 12 months, were any cows, heifers, calves, or bulls **brought onto the operation**? ☐ YES ☐ NO

2.9.1) **If YES**, were they from (*Check all that apply*):

Source	
Single Farm	<input type="checkbox"/>
Multiple Farms	<input type="checkbox"/>
Club Sale	<input type="checkbox"/>
Dealer	<input type="checkbox"/>
Sale Barn	<input type="checkbox"/>
Other	<input type="checkbox"/>

2.10) Approximately **how many** dairy animals (cows, heifers, calves (including bull calves)) were permanently removed for reasons other than death in last 12 months?

Cows: \_\_\_\_\_ Heifers: \_\_\_\_\_ Calves: \_\_\_\_\_

2.11) Please select **the frequency of where permanently removed or culled** dairy cows, heifers, and calves were sent in the last 12 months, excluding those that died.

Cows	Never	Seldom	Often	Almost Always
Sent to another dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent to market, auction or stockyard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent directly to a packer or slaughter plant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heifers	Never	Seldom	Often	Almost Always
Sent to another dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent to market, auction or stockyard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent directly to a packer of slaughter plant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calves	Never	Seldom	Often	Almost Always
Sent to another dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent to market, auction or stockyard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent directly to a packer of slaughter plant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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2.12) Please select **the likelihood** of the **reasons why** dairy cows, heifers, and calves were **permanently removed or culled** in the last 12 months, excluding those that died.

Cows	Never	Unlikely	Likely	Very Likely
Udder or mastitis problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lameness or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low milk production not related to above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sold as replacement animals to another dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

Heifers	Never	Unlikely	Likely	Very Likely
Scours, diarrhea, or other digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lameness or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sold as replacement animals to another dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

Calves	Never	Unlikely	Likely	Very Likely
Scours, diarrhea, or other digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naval or joint problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sold as replacement animals to another dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.13) Approximately, **how many** dairy animals of each age group (cows, heifers, calves) **died or were euthanized**, in the last 12 months?

Cows: \_\_\_\_\_ Heifers: \_\_\_\_\_ Calves: \_\_\_\_\_

2.14) Please **select the frequency** of the **reasons** recognized as **the main cause** for **the death or euthanasia** of dairy animals in the past 12 months.

Cows	Never	Seldom	Often	Almost Always
<b>Digestive</b> (diarrhea, bloat, displaced abomasum)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Respiratory</b> problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Metabolic</b> (hypocalcemia, ketosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mastitis or udder</b> problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reproductive</b> (retained placenta, metritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lameness or Injury</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other (Specify):</b> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*(Question continued on the next page)*

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(Continued from the previous page)

2.14) Please **select the frequency** of the **reasons** recognized as **the main cause** for **the death or euthanasia** of dairy animals in the past 12 months.

Heifers	Never	Seldom	Often	Almost Always
<b>Digestive</b> (diarrhea, bloat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Respiratory</b> problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reproductive</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lameness or Injury</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other (Specify):</b> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Calves	Never	Seldom	Often	Almost Always
<b>Digestive</b> (diarrhea, bloat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Respiratory</b> problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Infectious</b> (Naval or joint infection, fever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other (Specify):</b> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PART 3: ANIMAL HEALTH MANAGEMENT

3.1) Please **select the frequency** of the following **diseases and disorders** that most impacted your dairy animals (cows, heifers, calves) in the last 12 months.

Cows	Never	Seldom	Often	Almost Always
<b>Digestive</b> (diarrhea, bloat, displaced abomasum)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Respiratory</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Metabolic</b> (milk fever, grass tetany)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mastitis</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reproductive</b> (retained placenta, metritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lameness</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Pink Eye</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other (Specify)</b> _____				

Heifers	Never	Seldom	Often	Almost Always
<b>Digestive</b> (diarrhea, bloat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Respiratory</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reproductive</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Parasites</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Pink Eye</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other (Specify)</b> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Calves	Never	Seldom	Often	Almost Always
<b>Digestive</b> (diarrhea, bloat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Respiratory</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Parasites</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Pink Eye</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Infectious</b> (naval infection, joint infection, fever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other (Specify)</b> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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3.2) Does your farm/operation normally treat with the following **medications or supplements**? How effective or ineffective do you perceive they were?

	YES	NO	Very Ineffective	Ineffective	Neither Effective nor Ineffective	Effective	Very Effective
Pharmaceutical Dewormers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coccidiostats in feed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamins A-D-E in feed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamins A-D-E injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selenium in feed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selenium injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ionophores in feed (e.g. Rumensin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probiotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited potassium (in dry cow ration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iodine products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Essential Oils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aromatherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.3) In past 12 months, did you **use antibiotics**? ☐ YES ☐ NO

3.3.1.) Please list the **reasons (diseases), treatment, and how the antibiotic was applied** (oral, subcutaneous, intravenous, intramuscular injection)

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3.4) Do you **vaccinate** for any of the following diseases at the dairy? (*Check all that apply*)

### **Vaccine**

BVD (Bovine Viral Diarrhea)	<input type="checkbox"/>
IBR (Infectious Bovine Rhinotracheitis)	<input type="checkbox"/>
P13 (Parainfluenza Type 3)	<input type="checkbox"/>
BRSV (Bovine Respiratory Syncytial Virus)	<input type="checkbox"/>
Rotavirus/Coronavirus	<input type="checkbox"/>
Haemophilus somnus	<input type="checkbox"/>
Lepto (Leptospirosis)	<input type="checkbox"/>
Salmonella	<input type="checkbox"/>
E. coli mastitis	<input type="checkbox"/>
Clostridium, such as black leg or enterotoxemia	<input type="checkbox"/>
Brucellosis (heifers only)	<input type="checkbox"/>
Johne's disease (Mycobacterium paratuberculosis) (heifers only)	<input type="checkbox"/>
Neospora	<input type="checkbox"/>
Rabies	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>

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3.5) Does your farm utilize **routine veterinarian** visits? ☐ YES ☐ NO

3.5.1) **If YES**, approximately how often are veterinarian visits? (*Select one*)

- ☐ More than once a month ☐ Once every 1-3 months ☐ Once every 4-6 months  
☐ Once every 7-9 months ☐ Once every 10-12 months ☐ Once every 12 + months

3.6) Does your **veterinarian** (or most recent veterinarian) **provide** the following services? (*Check all that apply*)

### **Veterinarian Services**

- |                                  |                          |
|----------------------------------|--------------------------|
| Treatments for Sick Cows         | <input type="checkbox"/> |
| Drug Prescriptions               | <input type="checkbox"/> |
| Preventive/Prophylactic Measures | <input type="checkbox"/> |
| Reproductive Work                | <input type="checkbox"/> |
| Nutritional Advice               | <input type="checkbox"/> |
| Other (Specify)                  | <input type="checkbox"/> |
- \_\_\_\_\_

3.7) Who most commonly **identifies** sick dairy cows? (*Select one*)

- ☐ Herd Manager ☐ Employee ☐ Other (Specify): \_\_\_\_\_  
☐ Veterinarian ☐ Owner

3.8) Who most commonly **treats** sick dairy cows? (*Select one*)

- ☐ Herd Manager ☐ Employee ☐ Other (Specify): \_\_\_\_\_  
☐ Veterinarian ☐ Owner

3.9) Does your farm have **written protocols** for disease identification and treatment? ☐ YES ☐ NO

3.9.1) **If YES**, which is your **primary** source of information for disease treatment and management options for your herd? (*Select all that apply*)

- |   |   |
|---|---|
| <input type="checkbox"/> Herd Manager                         | <input type="checkbox"/> University Extension   |
| <input type="checkbox"/> Organic certifier                    | <input type="checkbox"/> Internet resources     |
| <input type="checkbox"/> Organic Co-Op                        | <input type="checkbox"/> Veterinarian           |
| <input type="checkbox"/> Printed media (feed magazines, etc.) | <input type="checkbox"/> Other (Specify): _____ |

3.10) How are **treatments recorded** for cows that received a treatment? (*Select one*)

- ☐ Written ☐ Both written and computerized ☐ Other (Specify): \_\_\_\_\_  
☐ Computerized ☐ Treatments are not recorded for each cow

## **PART 4: PARASITE SPECIFIC QUESTIONS**

4.1) When organizing the **grazing schedule**, do you consider intestinal parasite prevention/control?

- ☐ YES ☐ NO

4.2) Do you perceive **gastrointestinal parasites** to be a problem within your herd? ☐ YES ☐ NO

4.2.1) **If YES**, please select the age group you perceive to be the most affected. (*Select one*)

- ☐ Pre-weaned calves ☐ Post-weaned calves  
☐ Heifers ☐ Cows

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4.3) Do you use **any dewormers**? ☐ YES ☐ NO

4.3.1) **If YES**, do you use any of the following **treatments**? *(Select all that apply)*

### **Treatment**

- |                       |                          |
|-----------------------|--------------------------|
| Diatomaceous earth    | <input type="checkbox"/> |
| Ivermectin            | <input type="checkbox"/> |
| Moxidectin            | <input type="checkbox"/> |
| Fenbendazole          | <input type="checkbox"/> |
| Other (Specify) _____ | <input type="checkbox"/> |

4.4) Do you have any animals showing signs of lice or mites, such as excessive scratching and rubbing, hair loss or scabby skin conditions, in particular around the tail or head? ☐ YES ☐ NO

4.4.1) **If YES**, do you use any of the following **treatments**? *(Select all that apply)*

### **Treatment**

- |   |                          |
|---|--------------------------|
| Lice and mange wash                                       | <input type="checkbox"/> |
| Botanical insecticide (pyrethrum, garlic, essential oils) | <input type="checkbox"/> |
| Mineral or dietary supplement                             | <input type="checkbox"/> |
| Sulfur powder   | <input type="checkbox"/> |
| Emergency parasiticide                                    | <input type="checkbox"/> |
| Other (Specify) _____                                     | <input type="checkbox"/> |

4.5) Do you perceive **biting flies** to be a problem within your herd? ☐ YES ☐ NO

## **PART 5: HOUSING AND PASTURE MANAGEMENT**

5.1) Do you **graze** year-round? ☐ YES ☐ NO

5.2) Which of the following best describe the **housing type** for your lactating cows? *(Select one)*

- ☐ Free-stalls    ☐ Bedded pack barn    ☐ Other (Specify): \_\_\_\_\_  
☐ Pasture    ☐ Open lot/Dry lot

5.3) Do you use the following **heat abatement methods** provided to lactating cows in the summer months? *(Select all that apply)*

### **Heat Abatement Methods**

- |                                    |                          |
|------------------------------------|--------------------------|
| Sprinklers or misters              | <input type="checkbox"/> |
| Fans                               | <input type="checkbox"/> |
| Shade (other than inside building) | <input type="checkbox"/> |
| Other (Specify) _____              | <input type="checkbox"/> |

5.4) How many **acres** of designated organic pasture do you have on your farm? \_\_\_\_\_ ACRES

5.5) What is the main method used for **pasture management**? *(Select one)*

- ☐ Strip grazing (temporary fencing separating portions of one grazing pasture for active and non-active grazing)  
☐ Mob grazing (ultra-high livestock densities with a short grazing duration and a long rest period)  
☐ Rotational grazing (moving grazing livestock between pastures)  
☐ Other (Specify): \_\_\_\_\_

5.6) Do cows and heifers **graze** on the same pasture as **other livestock**? ☐ YES ☐ NO

5.6.1) **If YES**, what other animals graze with the cows? *(Select all that apply)*

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Pigs                   |
| <input type="checkbox"/> Goats   | <input type="checkbox"/> Horses                 |
| <input type="checkbox"/> Sheep   | <input type="checkbox"/> Other (Specify): _____ |

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### **PART 6: ORGANIC EDUCATION AND OUTREACH**

6.1) What is your **preferred** method of receiving **information**? (*Select all that apply*)

- ☐ Reading (e.g., magazines, newsletters, fact sheets)
- ☐ Talking to people (e.g., farmers, farm advisors, veterinarians, company representatives, feed store employees)
- ☐ Internet
- ☐ Educational Meetings (e.g., workshops, seminars, webinars)
- ☐ Other (Specify): \_\_\_\_\_

6.2) **Where** do you typically **obtain dairy health information**, such as disease prevention and treatment (*Select all that apply*)?

- |   |   |
|---|---|
| <input type="checkbox"/> Veterinarian         | <input type="checkbox"/> UCCE Advisor           |
| <input type="checkbox"/> Nutritionist         | <input type="checkbox"/> Feed Store             |
| <input type="checkbox"/> Sales representative | <input type="checkbox"/> Friends/Neighbors      |
| <input type="checkbox"/> Internet             | <input type="checkbox"/> Other (Specify): _____ |

6.3) **How often** do you seek out this information?

- ☐ Never   ☐ Daily   ☐ Weekly   ☐ Monthly   ☐ Yearly

6.4) If you have any additional thoughts about the topics of the survey, the survey itself, or any additional questions that you feel would be helpful to ask please share them here.

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## **2019 CALIFORNIA ORGANIC DAIRY SURVEY**

### **\*\*\*\*\*END OF THE SURVEY\*\*\*\*\***

Thank you for participating in our survey.

Please mail this back in the self-addressed envelope that was provided.

To receive **your \$20 participation gift card** please provide your information below. Your responses in the survey will not be linked to this information.

Name (**Optional**): \_\_\_\_\_ Dairy Name (**Optional**): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (**Optional**): \_\_\_\_\_

Please return to:

Alda Pires