

Heifer hints

Instructions for Teatseal Use in Maiden Heifers

- » Mastitis in heifers increases the risk of light quarters, teat canal thickening and being culled, both early and late in lactation. Teatseal is proven to dramatically reduce the incidence of calving mastitis in heifers.
- » Heifer Teatsealing is a little different to Teatsealing the milking herd. Follow the main Administration Guide for general instructions. The hints below are specific to heifers and should help make the job run smoothly.

Preparation

Heifer Teatsealing is normally done approximately 4 weeks before planned start of calving.

- » It is recommended not to Teatseal animals in wet weather. Plan to Teatseal your heifers at least 4 weeks prior to calving date to allow time to reschedule the job if necessary.
- » Use a herringbone shed preferably. Rotaries can also be used, or your vet clinic may have a mobile Teatseal trailer for heifers – talk to your vet in advance about this option. It's a good idea to train the heifers through the shed a few times in the week or two prior to Teatsealing.
- » Heifers should be fully fed a few hours before yarding. Keep to small groups in the yard (30-60 heifers).

- » Row the heifers up tightly in groups of 10-15 at a time, with the breast rail in as narrow as possible.
- » Preferably do not use a feed pad before or after Teatseal insertion.
- » Heifers that are unduly agitated and may act dangerously should be released without Teatseal insertion.

Above all, it is important to schedule enough time and staff to do the job patiently and calmly. Ask your vet about what is needed in advance.

Follow the Administration Guide to prepare and administer the Teatseal.



Check teats and quarters

While you are cleaning the teat ends, take the time to palpate the quarters. It is normal to find swollen quarters in one in every hundred heifers.

- » If swollen, strip the quarter to assess.
- » If a quarter has clinical mastitis, DO NOT INFUSE WITH TEATSEAL. Record the heifer and administer a lactating cow antibiotic treatment.

The opening of the teat canal may be hard to find in heifers. Squeeze the quarter to eject a little udder secretion to identify the opening, then re-clean and infuse the Teatseal.

It is normal to find 1% of heifers have a blind quarter. Record the heifer and quarter for future reference.



Follow up

- » Monitor heifers daily for two weeks after Teatseal administration to check for any problems, such as swollen, hot quarters, or off-colour heifers.

- » Heifer mastitis can be difficult to see, so they must be inspected closely.



For further help:

- » Visit www.teatseal.co.nz for video demonstration.
- » Talk to your vet.
- » Phone Zoetis 0800 963 847.



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Teatseal® ADMINISTRATION GUIDE

Hygienic administration of all intramammary products is important to prevent bacteria entering the quarter and causing infection.

www.teatseal.co.nz

teatseal
PREVENTION IS BETTER THAN CURE



Before you start



» Ensure you have organised:

- Teatseal and/or dry cow antibiotic.
- Teat wipes/cotton wool swabs.
- Gloves.
- Clean hot water.
- Paper towels for drying.
- Teat spray.
- Spray paint.
- Method to record cow numbers.
- A table for organising everything.

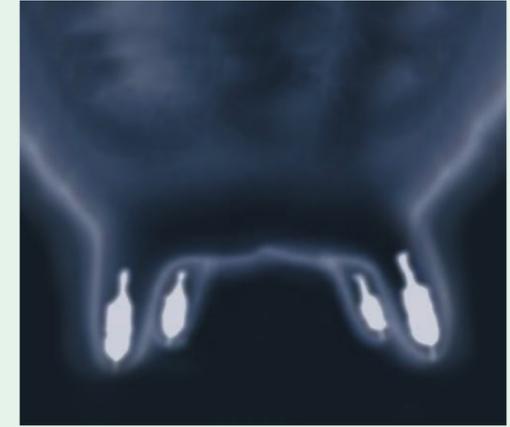
» **Do not immerse syringes in water.** If the tubes need to be warmed, place the Teatseal bucket (with syringes inside) in warm water.

» Wear gloves and wash and dry arms and hands between cows, changing gloves as required.



At calving

- » At the first milking strip each quarter 10-12 times to remove any remaining Teatseal. Stripping should commence at the very top of the teat to ensure all product in the teat canal is removed.
- » Know the difference in appearance between Teatseal residues vs. mastitis clots to avoid incorrectly identifying/ treating mastitis. Teatseal residues are waxy and can be rolled into a ball.
- » Teatseal withholding period is 8 milkings after calving (and 0 days meat). If used in combination, ensure the antibiotic withhold periods are also adhered to.



1. Disinfect the teat

- » If the teats are muddy, wash and dry thoroughly.
- » Start with clean, dry, gloved hands.
- » Disinfect one teat end with teat wipes or alcohol impregnated cotton wool swabs.
- » Scrub the teat end thoroughly.

- » Repeat with new area of teat wipe or new cotton wool swab until no further dirt is visible on wipe/swab.
- » Do not reuse wipe/swab on other teats.

One teat should be disinfected and treated at a time, starting with front teats. Use standardised order e.g. front left then clockwise around the udder.



2. Administration of Teatseal

- » Partially insert the nozzle up to 3mm in orifice, and infuse entire contents of syringe into the teat.

- » Repeat the process for each teat starting at the disinfection phase.

DO NOT MASSAGE TEATSEAL

USING DRY COW IN COMBINATION

USING TEATSEAL ALONE

1a. Administration of Antibiotic

- » Partially insert the nozzle and infuse the entire contents of syringe into teat.
- » Thoroughly massage upwards from the teat into the quarter.

Repeat teat disinfection prior to Teatseal administration.



3. Spray Teats and Mark Cows

- » Apply teat spray to the treated teats.
- » The teat spray should be at high strength concentration recommended for periods of high risk, for example Iodine 1:4.

- » Clearly identify the cow as being treated e.g. spray paint on udder.
- » Record cow number and treatment given.

Remember

- » Record numbers: both treated cows and those not treated for some reason e.g. blind quarter. Mark cows as you complete them. Then record in notebook or similar.
- » If the end of a tube is contaminated (touches anything apart from the teat end) at any time, discard and use a new one.
- » If you find a cow with clinical mastitis, treat with lactating cow product and record details. Do not treat with Dry Cow Antibiotic.



4. After Treatment

- » Once treated, the group should be walked quietly to clean pasture and given access to water and a maintenance feed allowance.

- » The treated group should be observed on a daily basis for at least 2 weeks after dry off. Any individuals requiring further attention can be quickly identified and brought back in for treatment.

