

Record 7B: cattle assessment corrective action plan

Farm Name	
Owner's Name and Signature	Signature
Dairy Professional's Name and Signature (e.g. veterinarian, nutritionist, dairy specialist)	Signature
Date of agreement on corrective action plan	

Corrective Action Plan Details

Cattle assessment results in the red or dark red zone	<input type="checkbox"/> Body Condition Score <input type="checkbox"/> Hock Score <input type="checkbox"/> Knee Score <input type="checkbox"/> Neck Score <input type="checkbox"/> Mobility Score
Description of root cause(s) of the issue(s)	
Description of corrective actions planned to resolve the root cause(s) and improve the issue(s)	
Target date for implementation of correction actions	
Timeframe when improvements should be noticeable (i.e. timeframe to start assessing if corrective actions are effective)	
Methods to assess if corrective actions are effective (i.e. what to look for or measure)	
Optional Section: Verification by dairy professional of effective implementation of corrective action plan	Comments
	Date Signature