

Australian Veterinary Association

Summary of Australian Cattle Veterinarians Comments on Australian Animal Welfare Standards and Guidelines – Cattle

Edition One
Public Consultation Version 1.0
21 February 2013

GENERAL COMMENTS- These comments have been received from individual AVA members from the Cattle Vets special interest group commenting on specific issues and individual Standards and Guidelines.

Discussion points of the AVA

I. Contingency plans and Disease Management Plans

This document makes it clear the community expects producers to pro-actively manage these issues, either as standard, or guideline, to manage animal welfare risk. The most appropriate person whom producers should engage to manage these is a veterinarian.

II. Pain Relief for Castration and other procedures. (Section 6 of AAWSGC)

Pain relief is defined as; “The administration of drugs that reduce the intensity and duration of a pain response”.

The veterinary profession is consistent with policy on supplying drugs such as S4 and S8 drugs supply must remain veterinary only to fulfil animal welfare benefits, public safety and avoidance of intentional misuse that would pose significant risks to animals and the community. This remains AVA policy as oversight, accountability and the ability to impose sanctions on the veterinary professional are actively in place through Veterinary Boards. The AVA supports the bona fide vet-client-animal relationships, and the application of evidence based medicine.

A good **commonsense** document but there needs to be clarification of some of the terms used.

- 1) What does “**appropriate veterinary advice**” mean? Does it mean consulting with a suitably experienced veterinarian or getting advice from the local stock and station agent? Veterinarians are the primary authority on animal husbandry and welfare issues.
- 2) S5.1.3 “*the strike in an unreasonable manner/punch/kick*” is unclear.
- 3) S7.2 would be different between a dairy farm on the Murray and a beef cattle station on the Georgina. This section also would cover very specific welfare concerns over the drying off period observation times for cows.
- 4) Any reference to “stress free” stock handling should also define the difference between necessary discipline essential for safe handling of stock and abuse or cruelty.

- 5) AVA policy states that cattle spaying is an act of veterinary science and should remain veterinary only to protect the welfare of cattle. In jurisdictions where lay persons can spay cattle, any lay accredited person must work under the direct supervision of a veterinarian. E.g. the consultant veterinarian to a number of pastoral properties would periodically assess the lay operator's performance in regard to skill, hygiene and standard protocols.
 - 6) The added costs that will be introduced need to be balanced with welfare benefits. The margins in primary production are forever being eroded; the cattle industry recognises all the points made in the document as being valid but industry must operate at a viable commercial rate.
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On the whole the document reads well. Some potentially very contentious issues weren't mentioned much or remain unclear such as;

- spaying of pregnant cattle,
 - use of electroejaculators, and
 - the use of serving ability testing.
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Several of the standards still appear unclear. If the purpose of standards as outlined in the preamble is to create rules which must be followed, statements like S7.2 seem unhelpful. Who will define the "intervals appropriate to the production system and the level of risk to the welfare of cattle"? Will it be a scientist, or will it be a lawyer? Standards need to be maybe more prescriptive.

The constant reference to "reasonable actions" throughout the standards is of concerns because they make sense to a large extent when the guidelines are considered in their entirety, but as it is clearly stated that the guidelines are NOT enforceable. If the purpose of the standards is to set a minimum level of competence, observance or performance then it must be prescriptive.

Including the close observation of cattle in the immediate post dry off period for a defined period of time in a standard may prevent some tragically bad welfare outcomes where cattle are dried off, and immediately sent away without monitoring.

An excellent document in many respects, however possibly a missed opportunity to improve welfare outcomes across the board for production animals by failing to recognize or at least place greater emphasis upon the role of production animal veterinarians in ensuring access to basic health care to production animals e.g;

- i. Endemic disease results in significant reductions in animal welfare across Australia and the threat of zoonotic or exotic disease to welfare outcomes is extreme.*
 - ii. Routine surveillance of livestock, underpinned by routine management procedures allows veterinarians access to large groups of animals, not only allowing veterinarians opportunities to address individual animal welfare outcomes but also to surveil for threats to entire populations of animals.*
 - iii. This document has the ability to improve welfare outcomes across the board by identifying those procedures which will underpin veterinary businesses establishing better access to veterinary care in rural areas whilst improving individual animal welfare outcomes, surveilling for exotic disease, surveilling for zoonotic disease, and protecting both production animals and food safety by overseeing the use of scheduled drugs.*
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A few comments/ suggestions to improve the draft;

Page 7

Add Bullet Point: access to routine basic veterinary oversight and care

Page 8

Maintenance of bone fide veterinary client relationships to ensure both legal access to and appropriate use of veterinary drugs and veterinary oversight is necessary.

G1.1

line 5 typo... should be assessing the quantity, quality, and continuity...

Add Bullet Point: ensuring access to routine basic veterinary oversight and care.

G1.3

including an annual consultation with a veterinary surgeon.

G2.12

excepting as appropriate prior to transport

S3.3

A person in charge must provide appropriate treatment to sick, injured or diseased cattle at the first reasonable opportunity

This statement is reasonable enough and may be adequate, however you'd assume a similar statement already exists in every current state based legislation, yet most veterinarians would recognise that livestock owners/ managers neglecting to attend to sick, injured or diseased livestock is a widespread occurrence, and closely follows the economic fortunes of the industry, the value of an individual animal relative to enterprise scale, the cost (and time) of treatment. (agricultural terms of trade) , and the attitudes of persons in charge.

Industry often quotes the 'bottom 5%' as being the problem, but I reckon animal welfare abuse by neglecting to attend to these animals occurs on 90%+ of farms to some degree or other. Our profession should be more pro-active in addressing the issue, and it really does require a paradigm shift in attitudes to more closely meet community expectations. Sometimes it is inter-generational and learned, sometimes cost-driven, but often, I believe the problem occurs simply due to de-sensitization and compassion fatigue.

The problem increases with increasing scale and industrialisation of livestock production enterprises and while we have much better skills, drugs and equipment to deal appropriately with individual animal problems, they are less likely to be treated than in previous times. The risk is that it could increase exponentially as agriculture undergoes substantial changes in structure and scale in coming decades.

I'm not sure a one-line standard adequately addresses this issue and I reckon needs to be more explicit and expanded to carry more weight.

S3.4

A person in charge must ensure routine basic veterinary oversight and care to surveil for exotic, zoonotic, and endemic disease to ensure adequate welfare outcomes and to ensure appropriate use of scheduled therapeutics to improve individual animal welfare outcomes and protect food safety.

G3.1

emergency contact details including veterinarian

G3.12

Annual veterinary property inspections should be maintained

G4.1

Bullet Point... safe individual animal restraint

G4.6

Individual animal restraint should be adequate to allow veterinary access for examination, medical, and surgical treatment.

S5.1

3) IMHO I question the need for the "punch and kick" part. Virtually impossible to hurt a beast in this manner. I think "strike in an unreasonable manner" on its own is adequate.

S5.3

1) *In relation to the use of electric prodders on the facial areas.*

There are situations where it is necessary to get a beast to back up such as in a race so that a gate can be opened to release them or to back off an animal trapped in front of them. When confronted with this situation the most effective means to reverse them is a single tap with a prodder on the tip of the nose. This is much more humane than the usual ineffective shoo-ing, pulling tapping prodding gradually building up in intensity. There may be the option of physically dismantling of a crush or race but the time factor would mean more stress on the cows than a tap on the nose. Even if the gate could be swung on the cow to release her and resulting in her being boxed with a mob of 200 cows, the stress on her and the other 200 of having to run them back around to draft her out would far outweigh the stress of a tap on the nose. Is there any way to allow for such strategic application when there is no alternative way out of the situation? Or do I have to argue my case when reported for doing so, on the grounds that in my professional opinion I choose the course of action that induced the least stress to the cattle?

1) I think the use of a prodder on the face in particular is too prescriptive. Like the punch and kick part above I think having these very specific points as Standards makes it very easy to make criminals of normal, law abiding stockmen and women.

S5.5 Should specify working dog muzzle only, should they only have to be muzzled if they bite?

...must ensure that dogs prone to biting are muzzled...

S5.7

(If they are serious about enforcing veterinary oversight, I believe they should be more forceful in that assertion, leaving the “trained” wording waters down the intent to a point of uselessness.)

2) AVA policy recommends only done by a vet

G5.10

Typo G5.10 practicable should be practical

S6.2

This is confusing. Don't the same jurisdictions state that if over the specified 6 (or 12) months of age, castration must only be performed by a veterinarian? The same for dehorning.

In WA the Veterinary Surgeons Act (S26(c)) indicates above 26th parallel castration/dehorning can be performed by anyone if cattle are over 12mths of age, but below 26th Parallel must be performed by a veterinarian if cattle are over 12 months of age.

Regardless of requirement for pain relief, doesn't the age at which the procedure is deemed an act of veterinary science need to be clarified?

S6.5

AVA does not support

S6.7; S6.8; S6.9

I have done a lot of flank spaying over the years and have also taught a lot of people both lay and vets. However I appreciate that with changing public expectations that without pain relief it does not meet the expected welfare standards. So do agree with the proposed standard. However the problem arises with an “accredited person” accessing the S4 drugs be it Local anaesthetic and/or NSAID. (I personally think if we are going to meet expectations local anaesthetic would be required.) I don't want to become a dispensary for the pastoral industry with no control over how the drugs are used if at all. I do not believe that even if the drugs were purchased that unless you were there on the spot that they would necessarily be used and that proof of purchase would be the only “guarantee” that they were used you would have. I therefore am of the opinion that if the standards are going to be compiled with and have any degree of integrity then flank spaying should be a vet only procedure. (Which is AVA policy).

The only alternative I see possibly working is that the accredited person is someone working directly for you as a trained technician. I do not see a place at all for a person spaying under the supervision of an accredited person if these standards are going to achieve their desired welfare outcomes.

I do not believe that taking a blanket ban on flank spaying stance is advisable either. With the appropriate pain relief administered it still is a useful tool on our (vets) toolbox.

S6.7

The second option doesn't even make sense. On this one I think industry should bite the bullet. Persons should either be a veterinarian or be a trained and accredited person AND working under the supervision of a veterinarian (notwithstanding there may not be an NSSC competency established yet?) Plenty of anecdotes suggest spaying by non-competent operators results in variable mortality rates and success rates of reproductive control. This includes many cows being exported certified as spayed, yet calving in destination feedlots, not to mention the odd one in depot's or on ships. WA VSB legislation sets a precedent in requiring a person preg-testing to be accredited and under the supervision of a veterinarian, but doesn't have to be to spay a cow?? Very untidy!

Should be by a registered veterinarian only

Preferred reading of S6.7 A person spaying a cow must be a veterinarian.

Second preference of S6.7 A person spaying a cow must be a veterinarian or, if permitted in the jurisdiction, be accredited and be under the supervision of a vet.

I have removed the word directly as I noted that direct supervision means the supervising person would have to be on the same premise which would not enable the service to be provided in more than one location at once. There would be an initial phase in the monitoring process where direct supervision would be needed.

My conceding to this second position would only be if it is not possible to attract vets who are prepared to have spaying and pregnancy testing as a large component of their work mix.

S6.8

This should be a vet only procedure in this section as well.

S6.9

Agree that vaginal spreaders must not be used if we are serious and going to be consistent about welfare.

G6.12

Why would you want to do this?

G6.15

Not sure that this takes into account the recent move from northern pastoral companies away from cutting towards tension banding. They have done this as a response to reduced skill levels in staff, OHS issues and better welfare outcomes for cattle. I am inclined to think that this guideline is overly restrictive and prescriptive.

G6.25

In relation to Guideline G6.25. I would make the following qualification as it does not take into account the potential for mortalities using the DOT in mature cows with large ovaries and especially in well-conditioned cycling cows. It is in this situation that webbing the cows by the passage approach would be preferred.

Preferred reading of G6.25. The DOT for cattle spaying is the method of choice in heifers. In mature cows where it is considered there is a greater risk of haemorrhage "webbing" by the passage approach should be considered. Vaginal spreaders must not be used to do this.

DOT spaying can be a death sentence for bigger cows with very vascular ovaries and webbing or flanking can be vastly superior in these instances. Interestingly nowhere has there been specific mention of any limitations on spaying of cows at different stages of pregnancy. Should we push to include something on this?

In relation to the dropped ovary technique (DOT) it is a procedure that requires a lot more skill and time to become proficient in, than flank spaying. If we are serious about seeing long term better welfare outcomes than we need to do better than just putting together a Spaying Module as part of a TAFE course and say that someone is then accredited. It requires ongoing monitoring and support to ensure that someone operating in the commercial/public sphere as "accredited" is not compromising welfare outcomes, the credibility of the accreditation process and the public expectations. I have taught a lot of lay people in the past and a few have become quite proficient, but most of them have had their own cattle to practice on or they have been part of in house training of company staff who have access to numbers to practice on. Also at the time a lot of this training was happening industry expectations/tolerances accommodated the losses on the learning curve, which I do not believe would be accepted in today's environment and hence the need for more deliberate monitoring and backup. This raises the question is how do we handle those few lay DOT operators currently operating who are established and over the learning curve and should "accredited" lay operators that I have invested heavily in once over the hump be allowed to go free lancing?

Variation C2 Banning of Flank spaying/webbing

This is against the position in Option B of requiring the use of pain relief which seems to imply in the RIS a NSAID.

This variation is not supported as the flank approach especially to web has in some situations and a unique role to play. That situation is when animals are too small to web by the passage approach and or too pregnant or at increased risk of haemorrhage to spay by the DOT.

Last year I was contracted by the Hong Kong AFCD to train their vets and RSPCA vets to sterilise feral cattle in the New Territories as part of a feral cattle and buffalo control program. It was initially promoted as a Willis DOT program but on evaluating the situation on the ground elected to web the cows via the flank approach, as the cows were small being based on a small Chinese breed and largely pregnant. I also

elected this approach as it was going to be easier to teach vets with very little rectal palpation skills than the Willis DOT and with less risks of internal haemorrhage. A very successful program resulted with 7 vets trained and no mortalities. On top of that it was conducted under considerable scrutiny from a welfare perspective and with the local anaesthetic and NSAID used proving very satisfactory.

Why should we forfeit a very useful procedure that we can offer as an option when it can be conducted with appropriate pain management? It is in essence a small caesarean that is causing less trauma especially if we are only webbing.

In the RIS discussion on this variation it says that if they were not flank spayed/webbed it was expected that they would be still spayed by the DOT. This is often not the case because they cannot be spayed by the DOT, or should not be spayed by the DOT.

In conclusion the most practical and overall best welfare outcome is for flank spaying / webbing to be done under pain management of Local anaesthetic and/or NSAID, and because of the requirement of S4 drugs it should be a vet only procedure. In addition I find that a vet maintains a more professional approach to hygiene and technique.

Variation C1 Pain Relief for all Spaying

This is against the position of Option B where only Flank spaying/webbing requires pain relief.

The other options for spaying are Passage spaying, Passage webbing or Dropped Ovary Technique (Willis DOT)

The way I see my practice spaying policy developing is to offer;

- Willis DOT
 - for heifers
 - wet or lighter conditioned cows having explained the risks of internal haemorrhage which is then weighted against the time frame and facilities available.
- Passage webbing
 - for pregnant cows
 - or cows in general to remove the risk of internal haemorrhage all together, this requires better facilities and is slower.
- Flank webbing using pain relief (local anaesthetic and or NSAID, depending on the outcome of the S&G) for
 - pregnant heifers
 - or heifers that cannot be Willis DOT for other reasons and too small to passage web using pain relief (local anaesthetic and or NSAID, depending on the outcome of the S&G).

In relation to the dropped ovary technique (DOT) it is a procedure that requires a lot more skill and time to become proficient in, than flank spaying. If we are serious about seeing long term better welfare outcomes than we need to do better than just putting together a Spaying Module as part of a TAFE course and say that someone is then accredited. It requires ongoing monitoring and support to ensure that someone operating in the commercial/public sphere as “accredited” is not compromising welfare outcomes, the credibility of the accreditation process and the public expectations. I have taught a lot of lay people in the past and a few have become quite proficient, but most of them have had their own cattle to practice on or they have been part of in house training of company staff who have access to numbers to practice on. Also at the time a lot of this training was happening industry expectations/tolerances accommodated the losses on the learning curve, which I do not believe would be accepted in today’s environment and hence the need for more

deliberate monitoring and backup. This raises the question is how do we handle those few lay DOT operators currently operating who are established and over the learning curve and should “accredited” lay operators that I have invested heavily in once over the hump be allowed to go free lancing? Why would I want to do that?

Preferred reading of S6.7 *A person spaying a cow must be a veterinarian.*

Second preference of S6.7 *A person spaying a cow must be a veterinarian or, if permitted in the jurisdiction, be accredited and be under the supervision of a vet. [only if it is not possible to attract vets who are prepared to have spaying and pregnancy testing as a large component of their work mix.]*

I have removed the word directly as I noted that direct supervision means the supervising person would have to be on the same premise which would not enable the service to be provided in more than one location at once. There would be an initial phase in the monitoring process where direct supervision would be needed.

Pain relief for spaying and the effect on the economic impact.

Ketoprofen (Parnel) 100ml from provet 10+ bottles at cost including GST \$50

Ketoprofen (Ilium) 50ml from provet 12+ bottles at cost Including GST \$20

Recommended dose 3ml/100kg

	<i>Dose</i>	<i>at cost</i>	<i>50%^</i>	<i>100%^</i>
<i>420kg cow</i>	<i>12.5ml</i>	<i>\$5.00</i>	<i>\$7.50</i>	<i>\$10.00</i>
<i>250kg heifer</i>	<i>7.5ml</i>	<i>\$3.00</i>	<i>\$4.50</i>	<i>\$6.00</i>

Current Willis DOT spay incl GST \$5.75

So Pain relief in heifers would result in a 100% increase in cost and 150-200% increase in cows.

Imposing such a requirement is a major impost on an industry struggling with costs already.

When I am spaying a large line of 500-1000 heifers I have generally been encouraged to see most spayed heifers behaving similar to the yet to be spayed heifers in the yard next to them apart from a few that may be lying down more of slower to move off . I know that in the trials where they were under the scrutiny of the trained eye of a professional ethologist there were statistically significant differences in some observed behaviours. To the industry personnel and to the casual observer/visitor there is not a problem with what they are seeing , and if anything causes the casual observer/visitor concern it is the vocalisation to the spay earmark, which however showed no significant difference in physiological parameters to controls. This is of course in stark contrast to flank spaying which does cause consternation and it is agreed that pain management needs to incorporated here.

In the physiological parameters namely cortisol, bound cortisol, Haptoglobin, CPK, AST and NEFA in heifers there was no significant difference between the WDOT and mock AI heifers and there was no significance difference between mock AI and controls in heifers. This was not the case in cows where there were .

To quote from the Conclusions and Recommendations (Section 7) of “Evaluation of the impact on animal welfare of various manipulative and surgical procedures performed on the Reproductive tract of female cattle in the northern beef industry” McCosker, Petherick, Mayer, Venus, Letchford and McGowan Final Report 2007 MLA “..WDOT causes acute stress and pain, but less stress and pain in the longer term compared to flank spaying. *Its use on yearling heifers without the use of analgesics/anaesthetics may be defensible as it causes comparable levels of stress and pain to AI and Restraint. In terms of reducing poor welfare outcomes , these findings indicate that: if spaying is to be conducted then it should be done by WDOT on yearling heifers”*

If we are going to accept dehorning of cattle up to 12 months of age if it is their first muster than I don't see any difference to WDOT spaying of yearling heifers or up to 18 months.

These points bring me to conclude that at this stage the Willis Dropped Ovary Technique of spaying heifers without pain relief is a defensible position. Though not ideal, we do not live in a pain free world and the short term pain (as indicated by physiological measures) induced by this procedure in heifers is no different to pain tolerated in other situations.

I find it hard to justify a 100% cost impost for a short term pain response that is being tolerated in other situations.

The formulation of these Standards and Guidelines is going to be a compromise between competing interested parties and at this stage unless the cost can be reduced it is going to limit the affordability of a procedure to the northern pastoral industry.

This raises the issue of what to do with WDOT spaying of mature cows which had a more adverse response than heifers but still better than flank spaying.

Differentiating between cows and heifers with the requirement for cows and not heifers to have pain management does complicate the administration of the S&Gs. Since mature cows could be passage webbed whether pregnant or empty and this would also reduce haemorrhage risk it could be argued that would give an alternate to WDOT and my current recommendation for passage webbing is that pain relief should not be insisted on until more research.

To conclude Flank spaying pain relief

Passage webbing no pain relief until further research to see if justified

WDOT in heifers no pain relief

WDOT in cows pain relief?

S7.5

Persons performing artificial breeding procedures must adhere to local, state, and federal legislation.

S7.6

Persons in charge must ensure that persons performing artificial breeding procedures adhere to local, state, and federal legislation.

G7.4

Bullet point... access to veterinary supervision and intervention when necessary is required

G7.5

insert.. receive urgent **veterinary** treatment

G7.10

Point G7.10 says that calving induction should only be done when the welfare of the cow or calf is at risk. I know the AVA is anti-induction (to quote "the Australian Veterinary Association (AVA) opposes calving induction in dairy herds other than for therapeutic reasons. The AVA strongly supports the adoption of management processes that improve dairy herd fertility and welfare without the use of calving induction"), but point G7.10 kind of contradicts the 2 previous points that talk about induction taking place for herd fertility reasons. Could it be reworded?

G7.12

Glad that they aren't actually condemning Serving ability testing totally. Do we need to say anything more or just lay low on this one? I suspect it is a battle waiting to be fought...

Variation C7 Banning of Electro-immobilisation

This is against the position in Option B which qualifies its use in animal over 6 months (so larger animals), used by vets or trained people and where other methods of restraint are inadequate for the procedure and as long as it is not being used as an alternative to pain relief.

I do not support this variation as there are situations where electro-immobilisation provides a viable option to relieve animals from suffering and provide safety to those delivering it. There are numerous situation where it is not practical or safe to administer general anaesthetic to large animals in the extensive and hot regions of the north to perform a one minute procedure. Such as remove wire wrapped around a bull's leg, or remove a poly pipe fitting, head light from a car, fishing line reel that slipped over the hoof of a weaner only to stay there as it grew and now is cutting off circulation or remove a bone jammed in the mouth of a bull. When the options are shoot it, let it go and die a painful death, have a go trying to remove any of the above in a crush with ropes at best or with a two minute application of electro-immobilisation to provide a safe and steady animal, it is an obvious answer as to what will provide the best welfare outcome. I have seen all the above scenarios and hands sliced open trying to deal with them and I am sure other could add to the list.

The RIS discussion refers to alternative options such as traditional ropes and crushes and only adding a couple of minutes to the procedure. Trying to restrain a 650kg Brahman bull in a crush while you get ropes around his legs, then securing his leg as he goes down in the crush will take a lot longer and expose him to far more stress than one to two minutes of immobilisation. To say that we have tranquillisers and

anaesthetics is not realistic either as it not that simple, safe or cost effective or even available to give a bull an anaesthetic when it is 40oC. It is hard enough getting reversal agents (Tolazine) for planned procedures such as prolapse repairs let alone incidental events that you encounter on the run.

Then for the RIS discussion to say “that relying on traditional restraint methods will potentially result in one fatality every 5 years...that has a value of \$3.5 million (2007 dollars)and a CPI adjustment figure of...”is indefensible! Every other initiative in the community has the catch phrase of ..if we can save even one life it will be worth it! But here, one minute of electro-immobilisation so that an animal can be assisted safely is being weighed against a human life! This should sound alarm bells that as a society we are losing the plot.

In conclusion Option B strikes a practical balance.

G8.16

Access to veterinary advice or oversight should be maintained in instances of excessive morbidity or mortality.

In contrast, the beef feedlot standard, section 10;

S10.7

I'm not knocking this, but it seems a bit extreme and out of context to be a required standard for a feedlot given the level of likelihood? I'd have thought it's inclusion as a guideline would be adequate? I know the many hoops a feedlot must go through to be NFAS accredited, but can't say I've ever seen or heard much of EAD contingency as a particularly critical issue in the scheme of things. If it is of sufficient importance, shouldn't an EAD contingency be a standard for all livestock production systems. I understand the consequences in feedlots are fairly acute and can involve large numbers of animals, but I am still a bit puzzled why it is a required standard for feedlots, but rates no consideration for other systems. Imagine a 2000 cow dairy farm pumping out 2 semi-trailers of milk a day but can't get milk picked-up, that can't get milkers across a major road to graze on irrigation, can't cart feed from one block to another, or can't get calving springers back to the dairy block. Maybe ALFA has just been a lot more pro-active than other industry bodies in this process?

In this context, any interruption to normal marketing and turn-off should perhaps require contingency plans? For example, the recent interruption to the Indonesian live cattle market carried with it very serious animal welfare implications (some of which are ongoing) More recently the hiccup in sheep live export due Bahrain/Pakistan debacle created substantial animal welfare risk to WA sheep producers heavily reliant on prompt seasonal turn-off in the face of another poor season / impending drought. Sheep prices plunged nearly 50% in a week.

For my money the more likely risks and known welfare consequences of drought, flood, and live export bans or other serious market interruptions (drug residues also springs to mind) need to be dealt with across the whole industry, more than a particular sector having to deal with EAD risk as a standard?

On the same theme, I'd like to see section 9 Dairy Management include a guideline for a contingency plan for power interruption, milk pick-up or other issues that may prevent or disrupt

timely milk harvesting of lactating dairy cattle. Recent cyclones in FNQ, and floods in SE Australia are obvious examples of how this can escalate into an urgent animal welfare problem.

S10.9

I think we should push for something along the lines of "A person in charge must ensure that female cattle on feed are either not detectably pregnant or confirmed as pregnant no more than 100 days gestation prior to induction into the beef feedlot to avoid the adverse consequences that arise from having calving females and calves born in a beef feedlot environment.' Supporting Guideline should say something like" accurate pregnancy diagnosis by a registered veterinary surgeon should be used to avoid induction of heavily pregnant females into the beef feedlot situation."

S10.11

A person in charge must ensure a veterinary consultant visit at least annually to ensure adequate oversight and guidance of use of scheduled therapeutics for the management of endemic feedlot disease. (Quite simply, as in any enterprise, without evidence of physical veterinary oversight at least annually producers should not be allowed access to scheduled products nor veterinarians allowed to prescribe them.)

G10.11

Where appropriate and feasible calves procured for lot feeding should be prepared for feedlot entry including pre weaning, pre vaccination, and prior socialization.