



2nd Western Canadian Cow-Calf Survey

2016 Breeding to 2017 Weaning

This is the second Western Canadian Cow-Calf Survey. The first survey was conducted in Winter 2014/15. Since then, similar surveys have been conducted in Ontario, Quebec and Atlantic Canada. Just like the 2014 survey, representatives from the Provincial Producer Associations, Provincial Ministries of Agriculture, the Beef Cattle Research Council, Canfax and the Western Beef Development Centre have collaborated on the questions and promotion of this survey. In addition to gathering details on cow-calf production performance and management practices, this survey will also capture reasoning and rationale for some practices as well as profitability indicators.

This survey asks questions about your operation and your management and marketing practices as they relate to your **2017 calf crop**, starting with breeding in Summer 2016 and ending with weaning in Fall 2017. Only answer those questions that you are comfortable with answering. If you don't have an exact date or number for any of the questions asked, a best-estimate will suffice. If you don't record any of the information that is asked for in a question, then please note this in the "Other, *please specify*" section of the answer.

Your information is being collected for the purpose of monitoring the production efficiency and management practices of Western Canadian cow-calf herds under the authority of the *Freedom of Information and Protection of Privacy Act*. It is subject to the provisions of this Act. Results from this survey will be published in aggregate so as to protect your identity and information. Individual results will remain under the strictest of confidence.

The last day to participate in this survey is February 28, 2018.

If you wish to complete the survey online, it can be found at:

www.tinyurl.com/wcccs2017

The survey is comprised of **49 questions** across seven sections (1 through 7B) and should take approximately 60 minutes to complete. **Section 7A (questions 30 through 35)** asks for production and financial details related to cow-calf cost of production.

The **first 400 producers who complete the survey** (with **80% of the questions** answered, not including those in Section 7A) are **eligible to receive a \$25 gift card**.

Producers who also answer **100% of the questions in Section 7A (Cost of Production)** will receive an **additional \$25 gift card**.

Please be sure to provide your mailing address on the last page of the survey if you wish to receive the gift card. Gift cards will be mailed out within 4 to 6 weeks of receiving your survey.

Return of your questionnaire by mail in the postage paid envelope or submission of your online survey will indicate your consent to participate in the survey and have your answers summarized in the final report.

The **benchmark results will be made available** through the provincial producer associations, the provincial ministries of agriculture, the Beef Cattle Research Council and the Western Beef Development Centre website starting in **late Spring 2018**.

For more information on this survey and what the results are being used for, please contact:

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SECTION 1: IMPORTANT DATES AND NUMBERS RELATED TO YOUR 2017 CALF CROP

In this section you are being asked to provide dates and head counts for the 2017 calf crop which commenced with the 2016 breeding season and ended with weaning of your 2017-born calves. If your operation has both a spring and fall calving herd, only use the spring group when answering the questions in this survey. Where possible, please answer separately for COWS and HEIFERS.

1. For the 2016 breeding season, please answer the following:

Answer separately for COWS and HEIFERS.

“Heifers” refers to 2015-born females that were exposed to their first breeding in 2016.

	COWS	HEIFERS
Number of <u>bull(s)</u> used for <u>natural service</u> <i>(if heifers and cows bred together, provide number of bulls in COWS box)</i>		
Number of <u>females</u> exposed to <u>natural service ONLY</u> <i>(do not include females that were exposed to a clean-up bull after AI)</i>		
Number of females bred using <u>artificial insemination (AI)</u>		
Number of females used as recipients for <u>embryo transfer</u>		
<hr/>		
<u>Total Number of Females Exposed to Breeding in 2016</u>		

2. For the 2016 breeding season, please provide the following DATES:

Please provide dates for both COWS and HEIFERS. Date format: MMM-DD, e.g., JAN-01. If more than one start or end date, provide an average date.

	COWS	HEIFERS
Breeding season START date (MMM-DD)	_____	_____
Breeding season END date (MMM-DD)	_____	_____

a. If your BREEDING SEASON is GREATER THAN 63 DAYS, please select your TOP REASON WHY from the list of options below:

- Does not apply to me - my breeding season is 63 days or fewer.
- Lack of pasture/facilities for bulls once pulled from breeding pastures.
- Lack of labour to pull bulls from breeding pastures.
- Other farming activities (i.e. grain farming) make it difficult to pull bulls any earlier.
- I'm happy with my conception rate so see no need to change my breeding season.
- I was not aware that 63 days was the recommended length of breeding season.
- My cows are bred in a community pasture (e.g. no control over when bulls are pulled).
- Other, please specify: _____

b. If your HEIFERS have the SAME BREEDING START DATE as your cows, please select your TOP REASON WHY from the list of options below:

- Does not apply to me – I breed my heifers at least 14 days before my cows.
- My heifers are in same breeding field as the cows.
- Lack of labour during calving/I do not want a longer calving season.
- Other farming activities (i.e. grain farming) are underway during calving.
- I'm happy with my heifers' reproductive performance, so no need to breed them earlier.
- I was not aware that breeding heifers at least 14 d before the cows was a recommended practice.
- Other, please specify: _____

3. After Breeding in 2016 up until Calving Start in 2017 tell us how your breeding FEMALE inventory changed, please provide head counts for each of the following:

Please answer separately for COWS and 2015-born HEIFERS.

	COWS	HEIFERS
# OPEN females TOTAL	_____	_____
# OPEN females SOLD	_____	_____
# OPEN females KEPT to be re-bred	_____	_____
# Breeding females that DIED	_____	_____
# BRED females SOLD	_____	_____
# BRED females PURCHASED	_____	_____

4. After breeding in 2016 and up until the next breeding season started in 2017 tell us how your BREEDING BULL inventory changed, please provide head counts for each of the following:

	# of head
# BULLS SOLD	_____
# BULLS that DIED	_____
# BULLS PURCHASED for 2017 Breeding Season	_____

SECTION 2A: ABOUT YOUR 2017 CALVING SEASON

In this section you are being asked to provide information on your 2017 calving season. If your operation has both a spring and fall calving herd, only provide details for the spring calving.

5. For the 2017 Calving Season, please provide the following dates:

Please answer separately for COWS and HEIFERS.

	COWS	HEIFERS
DATE FIRST calf BORN (MMM-DD)	_____	_____
DATE LAST calf BORN (MMM-DD)	_____	_____

6. Provide the NUMBER OF HEAD for each statement below pertaining to the 2017 Calving Season.

Provide head counts.

	COWS	HEIFERS
FEMALES that CALVED	_____	_____
BRED FEMALES that ABORTED	_____	_____
SETS of TWINS	_____	_____
COW-CALF PAIRS BOUGHT	_____	_____
COW-CALF PAIRS SOLD	_____	_____
BABY CALVES BOUGHT	_____	_____
BABY CALVES SOLD	_____	_____
Calves BORN DEAD or DIED WITHIN FIRST 24H	_____	_____
Calves that DIED from BIRTH TO WEANING	_____	_____

7. For ALL CALVES that DIED FROM BIRTH TO WEANING, how many died for each reason below:

Provide head counts.

	COWS	HEIFERS
Dystocia (<i>i.e. calving difficulty</i>)	_____	_____
Scours, Diarrhea	_____	_____
Pneumonia/Respiratory Disease	_____	_____
Lameness/Injury	_____	_____
Predator (<i>e.g. coyote</i>)	_____	_____
Weather	_____	_____
Unknown	_____	_____
Other, please specify: _____	_____	_____

SECTION 2B: ABOUT YOUR 2017 WEANING SEASON

In this section you are being asked to provide information related to the weaning of your 2017-born calves. If your operation has both a spring and fall calving herd, provide details for your spring calving group only.

8. What DATE did you or will you WEAN your 2017-born calves?

Please answer separately for calves from COWS and HEIFERS even if all calves weaned the same date. For operations with multiple wean dates, please provide an average wean date.

COWS

HEIFERS

WEAN DATE (MMM-DD) _____

9. Please provide the NUMBER of 2017-born CALVES THAT HAVE BEEN OR WILL BE WEANED on your operation.

Please answer separately for STEERS, BULLS and HEIFERS, if possible. The weaning weight should be at or shortly after weaning. Do not use pre-conditioned weights.

	COWS			HEIFERS		
	Steers	Bulls	Heifers	Steers	Bulls	Heifers
Number of Calves Weaned						
Average Weaning Weight <i>(Provide weight in lbs per head)</i>						
Average Age of Calves at Weighing <i>(Provide days or months)</i>						
Weaning Weight provided is:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual					

10.

a. Please provide the NUMBER of your 2017-born CALVES that HAVE OR WILL BE MARKETED and/or PRICED in the following ways: *Provide head counts.*

- _____ Priced and sold calves at, or very soon after, weaning
- _____ Locked in price (forward contract) before weaning and sold at weaning
- _____ Pre-conditioned calves 30-60 d prior to selling
- _____ Retained ownership and sold as yearling or fed animal
- _____ Retained or sold for replacement (heifer or bull)
- _____ Other, please specify: _____

b. Did you take out Western Livestock Price Insurance Program (WLPPI) policies for any of your 2017-born calves?

YES NO

11. Of your 2017-born calves that were sold off the operation, at or shortly after weaning, how were they marketed? *Provide head counts.*

- _____ Live auction
- _____ Satellite/Electronic/Video auction
- _____ Sold through an order buyer
- _____ Direct/Private sale
- _____ Custom fed in a feedlot
- _____ Other, please specify: _____

SECTION 3: REPRODUCTIVE MANAGEMENT PRACTICES and TECHNOLOGIES

12.

a. Over the last three years (2015-2017), please indicate the frequency that you PREGNANCY CHECKED your COWS AND HEIFERS.

ALWAYS or ALMOST ALWAYS <i>(at least twice in last 3 years)</i>		RARELY <i>(only once in the last 3 years)</i>		NEVER <i>(not once in the last 3 years)</i>	
COWS	HEIFERS	COWS	HEIFERS	COWS	HEIFERS

b. If you selected that you “RARELY” or “NEVER” pregnancy checked cows or heifers, please SELECT YOUR TOP REASON WHY from the list of options below:

Choose only one from the list below.

- Too expensive/Financial benefit is not high enough.
- I can tell which females are open (*e.g. observe mounting*).
- No need to, I just sell the opens after calving when cull price is higher.
- Lack of facilities.
- Lack of labour.
- Other farming activities take priority at that time.
- Other, please specify: _____

13.

- a. Over the last three years (2015-2017) did a veterinarian test your breeding bull(s) for the following:

	ALWAYS or ALMOST ALWAYS <i>(at least twice in the last 3 years)</i>	RARELY <i>(only once in the last 3 years)</i>	NEVER <i>(not once in the last 3 years)</i>
Breeding Soundness Evaluation			
Trichomoniasis			
Vibriosis			

- b. If you indicated you “RARELY” or “NEVER” have a veterinarian perform a Breeding Soundness Evaluation on your breeding bulls, please **SELECT YOUR TOP REASON WHY** from the list of options below: *Choose only one from the list below.*

- Too expensive/Financial benefit is not high enough.
- I’m happy with my conception rate, so there is no need to test bulls.
- Lack of facilities.
- Lack of labour.
- Other farming activities take priority at that time.
- Other, please specify: _____

SECTION 4: CALF MANAGEMENT PRACTICES

14. If you dehorn, when did you dehorn the majority of your 2017-born calves? *Check only one.*

- Shortly after birth Spring processing At weaning
- Not applicable – I don’t dehorn
- Other, please specify: _____

- Polled genetics, for what percentage of calves? _____% *If 100%, please proceed to Q17.*

15. What is your typical method used to dehorn calves? *Check only one.*

- Disbudder (electric) Dehorning paste Spoons, Saw, Wire, Key or Guillotine
- Other, please specify: _____
- I have horned calves, but I do not dehorn.

16. Do you use pain control when dehorning your calves? *Check only one.*

- YES, all the time YES, depending on age and method NO *Proceed to 16b.*

a. If you selected one of the “YES” options, please specify:

- Local anesthetic/nerve block only (*e.g. Lidocaine*)
 Pain killer (analgesic) only (*e.g. Meloxicam*)
 Local anesthetic plus pain killer
 Other, please specify: _____

b. If you DO NOT use pain control when DEHORNING, please select your TOP REASON WHY from the list of options below: *Check only one.*

- Too expensive/Financial benefit is not high enough.
 I dehorn when my calves are less than 3 months of age.
 Other, please specify: _____

17. What is your TYPICAL method used to castrate bull calves? *Check only one.*

- Rubber band when <3 mos old Surgical when <3 mos old (*blade, scalpel*)
 Rubber band when 3-6 mos old Surgical when 3-6 mos old
 Rubber band when >6 mos old Surgical when >6 mos old
 Other, please specify: _____

18. Do you use pain control when castrating your calves? *Check only one.*

- YES, all the time YES, depending on age and method NO *Proceed to 18b.*

a. If you selected one of the “YES” options, please specify: *Check only one.*

- Local anesthetic/nerve block only (*e.g. Lidocaine*)
 Pain killer (analgesic) only (*e.g. Meloxicam*)
 Local anesthetic plus pain killer
 Other, please specify: _____

b. If you DO NOT use pain control when CASTRATING, please select your TOP REASON WHY from the list of options below: *Check only one.*

- Too expensive/Financial benefit is not high enough.
 I castrate when my calves are less than 3 months of age.
 Other, please specify: _____

19. Did you implant any of your 2017-born calves? YES NO *Proceed to 19b.*

a. If "YES", when did you implant your 2017-born calves? If "NO", proceed to 19b.

	All Calves	ONLY calves NOT INTENDED for replacement
Prior to weaning	<input type="checkbox"/>	<input type="checkbox"/>
At weaning	<input type="checkbox"/>	<input type="checkbox"/>

b. If you DO NOT IMPLANT your calves, please SELECT YOUR TOP REASON WHY from the list of options below: *Check only one from list below.*

- Too expensive/See no financial benefit.
- I get a better price if I do not implant my calves.
- Lack of labour or do not know how to implant.
- I am philosophically opposed to using implants.
- I market my calves through a natural program.
- Other, please specify: _____

20.

a. Which WEANING METHOD do you TYPICALLY use on your operation? *Check only one.*

- Traditional separation
- Fenceline separation (*e.g., Cows can see calves; nose to nose contact possible*)
- Nose paddle/Two-stage
- Natural (*e.g., Leave on cow*)
- Other, please specify: _____

b. If you selected "Traditional separation" in 20a, please select your TOP REASON WHY from the list of options below. *Check only one.*

- I sell my calves right after they are weaned.
- I see no financial benefit from weaning them by a different method.
- I do not have the time/labour to wean them any other way.
- Other, please specify: _____

SECTION 5: GRAZING AND FEEDING MANAGEMENT PRACTICES

In this section you are being asked to provide details on your grazing and winter feeding practices.

21. What type of grazing management do you typically use on your operation?

Check all that apply per pasture type.

	Continuous	Rotational	Intensive	Not applicable
Tame – Owned				
Tame - Rented				
Native – Owned				
Native – Rent/Lease				

Continuous grazing:	Cattle have free range and determine which areas of the entire pasture available to them that they will graze.
Rotational grazing:	You move cattle through different grass pastures but don't directly manage animal distribution. Usually larger areas (e.g. 80 acres) and for longer duration.
Intensive grazing:	You determine where, when and what livestock graze and directly control animal distribution and movement. Typically, small areas with high stocking density and frequent movement between paddocks.

22. Do you lab test any of your feed for quality?

a. YES, at least once per year YES, but not annually NO *Proceed to 22c*

b. If you answered “YES” to 22a (otherwise proceed to 22c), do you use the results of the feed test to develop rations?

- YES, with a nutritionist
 YES, with my extension specialist
 YES, I develop my own rations
 NO, (please provide reason why): _____

c. If you answered “NO” to 22a, please SELECT YOUR TOP REASON WHY from the list of options below: *Check only one.*

- It is too expensive to test.
 My cattle seem healthy, so I see no need to test.
 I buy in all my feed and rely on the feed test from the seller.
 I am not sure how to collect a feed sample and send it away for analysis.
 Other, please specify: _____

23. In the last 3 years (2015-2017), how often have you lab tested your livestock's drinking water?

- a. EVERY YEAR TWICE in the last 3 yrs ONCE in the last 3 yrs NEVER
- b. If you answered "NEVER" to 23a, please select your TOP REASON WHY from the list of options below: *Check only one.*
- It is too expensive to test.
 - My cattle seem healthy, so I see no need to test.
 - My water is spring fed, so I assume it is good quality.
 - We drink from the same water source – if it is okay for us, it must be okay for the cattle.
 - I am not sure how to collect sample and send away for analysis.
 - Other, please specify: _____

24. In a given year (including summer and winter), what percentage of your herd's drinking water comes from the following sources? *Percentages should add up to 100%.*

WATER SOURCE	Percentage
Creek, lake, river	
Spring	
Dugout	
Well	
Other, please specify:	

100%

25. Do you regularly perform body condition scoring for your breeding females? *Where "body condition scoring" is defined as a hands-on measurement of the fat reserves on an animal using either a 1 (thin) to 5 (fat) or 1 to 9 point scale.*

- a. YES, using hands on YES, using visual appraisal NO
- b. If you selected "YES, using visual appraisal" or "NO" in 25a, please SELECT YOUR TOP REASON WHY from the list of options below:
- I am not sure how to body condition score.
 - My cattle seem healthy, so I see no need to score.
 - I do not have the time to do this.
 - I do not have the facilities (handling system, chute) to do this.
 - Visual appraisal is good enough.
 - Other, please specify: _____
- c. If you selected one of the "YES" options in 25a, do you use the body condition score to manage your cows differently (i.e. sort for winter feeding)? YES NO

26.

a. **During a typical winter, what is the average number of days your cows are fed using the following **EXTENSIVE/FIELD FEEDING** methods listed below. If a listed method is not used on your operation, put a zero. Provide the number of days your cows are fed using each extensive winter feeding method and "0" if method not used.**

- _____ Swath graze _____ Standing corn _____ Rolled bales
 _____ Bale graze _____ Crop residue _____ Stock pile graze
 _____ Other, please specify: _____
 _____ None of the above/I do not extensively winter feed my cows.

b. **If you DO NOT extensively winter feed your cows, please SELECT YOUR TOP THREE REASONS why from the list of options below: Check only three from list below.**

- Too cold.
- Too much snow.
- Concerned about wasted feed
- Concerned about reducing animal performance
- Concerned about animal health and welfare
- No winter watering systems on pastures
- Start calving during winter months
- Unaware of winter grazing techniques
- Topography or soil type limiting
- Wildlife eat/wreck the feed
- Lack an accessible site that is fenced
- Other (please specify) _____

SECTION 6: ANIMAL HEALTH MANAGEMENT PRACTICES

27. **In the last 12 months, how many times did you meet/correspond with a veterinarian for the following reasons?**

	# of times
To purchase antibiotics, vaccines or other supplies	
Emergency animal health or calving problem	
Pregnancy checking	
Bull soundness evaluations	
Consultation/advice on herd health program	
To ask questions/learn about best management practices	
To ask questions/learn about new scientific information, technologies, innovations	
Other (specify)	

28. In the last 12 months, how often did you consult/correspond with a veterinarian?

Check one frequency per method (column).

Frequency	Vet visits farm	You visit clinic	Phone call	Text message	Email	Other
Daily						
Weekly						
Monthly						
8-10 x/year						
4-7x/year						
1-3x /year						
Less than once/year						
Not at all						
Other						

Please specify "Other": _____

29.

a. In the last 12 months, did you vaccinate your cattle? YES NO Proceed to 29c

b. For the last 12 months, check the boxes corresponding to each disease each animal type was vaccinated for, otherwise leave unchecked. *If you are UNSURE what diseases you vaccinated for, you can provide product names in the box below this table.*

	Cows	Replacement Heifers	Bulls	Calves	None
7, 8 or 9 way for Clostridial disease <i>(blackleg, red water, malignant edema etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive Diseases <i>(BVDV, IBR)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bovine Respiratory Disease (BRD) <i>(Includes numerous pathogens such as: BVD, IBR, BRSV, PI3, M. Haemolytica, M. Bovis and H. Somni)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scours <i>(rotavirus, coronavirus, e. coli)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrio <i>(Campylobacter fetus or Cfv)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthrax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 12 months did you treat your cattle for: <i>Check all animal types that apply.</i>					
External parasites <i>(lice, mange etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal parasites <i>(gastrointestinal worms)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are unsure about what diseases you vaccinated for, list the product names and animal types (cow, replacements, bulls, calves) that received each product in the box below:

c. If you DID NOT vaccinate your BREEDING FEMALES for REPRODUCTIVE DISEASES (e.g. IBR, BVDV) in the last 12 months, please SELECT YOUR TOP REASON WHY from the list of options below: *Check only one from the list below.*

- It is too expensive to vaccinate for reproductive diseases like IBR and BVDV.
- I'm happy with my conception rates, so I see no need to vaccinate.
- I have a closed herd.
- I do not have the facilities (handling system, chute) to vaccinate.
- I do not have the labour/time to vaccinate.
- Other, please specify: _____

d. If you DID NOT vaccinate your 2017-BORN CALVES for BOVINE RESPIRATORY DISEASE, please SELECT YOUR TOP REASON WHY from the list of options below: *Check only one from the list below.*

- It is too expensive / Financial benefit not high enough.
- My calves are healthy, so I see no need to vaccinate.
- I have a closed herd.
- I market/sell my calves right after they are weaned.
- I do not have the labour/time to vaccinate.
- Other, please specify: _____

SECTION 7A: COST OF PRODUCTION (COP)

Producers who complete 100% of this section (QUESTIONS 30 to 35) of the survey will receive an additional \$25 gift card. We are trying to determine which management practices are linked to profitability.

30.

- a. Do you regularly calculate your cost of production? : YES NO
- b. If "YES", what is your most recently calculated COP: \$ _____ per cow wintered in 20____
\$ _____ per lb of calf weaned in 20____
\$ _____ per _____ in 20____

31. When does your WINTER FEEDING period typically START?

Date in fall/winter when cows are no longer consuming active or stockpiled forage/pasture.

Typical WINTER FEEDING START Date (MMM-DD) _____

32. When is your typical PASTURE TURNOUT date?

Date in spring when cows can begin consuming new growth pasture.

Typical PASTURE TURN OUT Date (MMM-DD) _____

33. What portion of your grazing lands are:

Owned	_____	<input type="checkbox"/> Acres	<input type="checkbox"/> Quarters
Rented	_____	<input type="checkbox"/> Acres	<input type="checkbox"/> Quarters
Community/Co-op Grazing	_____	<input type="checkbox"/> Acres	<input type="checkbox"/> Quarters
Government Lease	_____	<input type="checkbox"/> Acres	<input type="checkbox"/> Quarters

34. What percentage of your winter feed is: Homegrown _____% Purchased _____%

In the space provided below, please DESCRIBE YOUR TYPICAL WINTER FEEDING PROGRAM for your cows. ***It is important to include AMOUNTS FED (either on a per head per day basis with total days fed specified or a total amount fed) for each feed type.***

Example: Cows bale graze from Nov 15-Dec 30; Fed hay (40 lb/hd/d) in yard until pasture turnout May 1. 8 lb/hd/d grain/pellets given from March 1-May 1. OR Cows and bulls used 320 grass-alfalfa hay bales (1400 lb), 15 tonnes of rolled barley and 130 bedding straw bales.

35. Provision of REVENUES and EXPENSES from 2016

REVENUES – VALUE OF PRODUCTION	No. of Head	\$ Amt from 2016 Accounting Records
Weaned Calf Sales		
Feeder Animal Sales		
Bred Female Sales		
Cull Breeding Stock Sales <i>(Cows, Bulls, Open Heifers)</i>		
TOTAL LIVESTOCK SALES		\$

OPTIONS: Enter expenses in table below or provide a copy of your 2016 income statement.

EXPENSES		\$ Amt from 2016 Accounting Records
Purchased Feed, Bedding, Mineral & Salt		
Veterinary Services & Supplies		
Marketing & Transportation		
Breeding Animal Purchases	No. of head	
Fuel, Oil, Filters		
Repairs	Equipment	
	Buildings, Fences	
Utilities, Travel, Office Expense, Subscriptions		
Insurance		
Manure Removal		
Operating Interest		
Cattle Share/Lease Payments		
Pasture Rental/Lease Payments		
Equipment Share/Lease Payments		
Paid Labour		
TOTAL EXPENSES		\$

CAPITAL ASSETS – FOR DEPRECIATION CALCULATION		\$ Current Market Value
Equipment	Powered	\$
	Non-Powered	\$
Buildings, Fences, Livestock Equipment		\$

END OF COST OF PRODUCTION SECTION

Continue on to Section 7B: About You and Your Operation

SECTION 7B: ABOUT YOU and YOUR OPERATION

"You" pertains to the primary decision maker(s) for the operation which may or may not be the same person(s) completing the survey. The primary decision maker(s) is/are the person(s) responsible for making the majority of the day-to-day management and marketing decisions for the operation. *If your operation has MORE THAN ONE primary decision maker, feel free to provide responses for Questions 36 through 40 for each decision maker by either sending in multiple copies of this page or by using different colored pens to identify each decision makers' response.*

36. What year was the primary decision maker born (YYYY): _____

37. The primary decision maker is: Male Female

38. The primary decision maker has been raising cattle since (YYYY): _____

39. The highest level of education attained by the primary decision maker:

- Grade School/High School/GED
 Technical/Business College Diploma/Certificate
 University/College Undergraduate Degree
 University Graduate Degree (Master's, PhD)

40. The primary decision maker works off the farm:

- Full-time (37.5 hours per week or more)
 Part-time (Less than 37.5 hours per week)
 Not at all
 Other, please specify: _____

41. What is your postal code? (AOA 0A0) _____

42. Of your 2016 FARM SALES, approximately what PERCENTAGE came from each of the following categories? *Your percentages should sum to 100%.*

Farm Category	Percentage of 2016 Farm Sales
Beef Cattle	%
Grain, oilseeds, pulses	%
Forage (hay)	%
Other	%
Total	100%

43. Which livestock enterprises are on your operation? *Check all that apply.*

- Cow-Calf Replacements Backgrounder/Grasser/Stocker Finisher/Feedlot

44. What percentage of your breeding herd is: Commercial: _____% Purebred _____%

45. Who do you farm/ranch with? *Check all that apply.*

- No one else
 Spouse
 Child(ren) (over 18)
 Parent(s)
 Grandparent(s)
 Sibling(s)
 Other, please specify: _____

46. Which of the following equipment and technologies do you have and use on your operation.

For each item, please place an "X" in the first column if you own the item and another "X" in the second column if you use the item on your operation. If you neither own nor use the item, place "X" in last column.

Item	OWN	USE	NEITHER
Electronic and/or bluetooth-enabled RFID reader			
Weigh scale			
Manual or hydraulic squeeze			
Smartphone app or computer-based production records			
Solar/wind/battery powered watering system			
Remote water monitoring system			
Electric fence			
Drones to monitor pasture and/or cattle			
GrowSafe (individual feed intake measuring bunks)			
DNA testing (for parentage, hybrid vigor, GE-EPDs, etc.)	X		

47. Thinking about your farm or ranch, what are your three most important goals?

Please select your top three goals from the list below – using "1" for top reason and "3" for third reason.

- ____ Be profitable ____ Make a living ____ Pay down debt
 ____ Support my family ____ Pass farm to next generation ____ Be happy
 ____ Retire ____ Break even ____ Other _____

48. On a scale of 1 to 7, where “1” means *completely disagree* and “7” means *completely agree*, please **CIRCLE** how much you agree with each of the following statements.

	Completely Disagree 1	2	3	4	5	6	Completely Agree 7
I see myself as a person who is willing to take a few more risks in life than others	1	2	3	4	5	6	7
As a producer, I must be willing to take a number of risks to be successful	1	2	3	4	5	6	7
I am usually cautious about accepting new ideas	1	2	3	4	5	6	7
I am reluctant about adopting new ways of doing things until I see them working for producers around me	1	2	3	4	5	6	7
I am more concerned about large losses in my farm/ranch operation than missing a substantial gain	1	2	3	4	5	6	7
I actively seek out information to continually learn about new ideas or ways of doing things	1	2	3	4	5	6	7
I am concerned about negative perceptions/judgement/attention if I adopt a new or uncommon way of doing things.	1	2	3	4	5	6	7
I often would like to adopt new ways of doing things that could likely benefit my operation, but am unable to because I lack the time, labour, facilities or cash needed to implement the change.	1	2	3	4	5	6	7
I trust recommendations based on scientific studies and research results.	1	2	3	4	5	6	7

49. On a scale of 1 to 7, where “1” means *not at all important* and “7” means *very important*, please **CIRCLE** the importance of the following points when you consider the adoption of a new production technology or a new way of doing things on your beef operation

	Not at all important 1	2	3	4	5	6	Very Important 7
Monetary cost of adopting new technology	1	2	3	4	5	6	7
Agronomic benefits, such as higher productivity	1	2	3	4	5	6	7
Economic benefits (lower cost of production)	1	2	3	4	5	6	7
Improve environmental stewardship and sustainability	1	2	3	4	5	6	7
Time required to learn new technology	1	2	3	4	5	6	7
Availability of technical assistance to help implement new technology	1	2	3	4	5	6	7
Recommendation from farming partners	1	2	3	4	5	6	7
Recommendation from other producers	1	2	3	4	5	6	7
Recommendation from extension specialist	1	2	3	4	5	6	7
Recommendation from veterinarian	1	2	3	4	5	6	7
General social acceptance or public perception	1	2	3	4	5	6	7

Thank you for your participation in the 2nd Western Canadian Cow-Calf Survey!

Your individual information will be amalgamated with other survey responses to generate production performance benchmarks for cow-calf operations across western Canada. The benchmarks will be made available in late Spring 2018 through Provincial Producer Associations, Provincial Ministries of Agriculture, the Beef Cattle Research Council, Canfax and the Western Beef Development Centre. You can also visit www.wcccs.ca for more information.

80% COMPLETE – GIFT CARD OFFER	100% Section 7A – Cost of Production COMPLETE – GIFT CARD OFFER
<p>You are entitled to a \$25 Gift Card if at least 80% of the questions (excluding Section 7A – Cost of Production) have been answered.</p> <p>If eligible, I would like a gift card to :</p> <p><input type="checkbox"/> Co-op <input type="checkbox"/> Peavey Mart <input type="checkbox"/> UFA</p>	<p>An additional \$25 gift card will be provided to respondents who completed ALL OF THE QUESTIONS in Section 7A – Cost of Production (Questions 30 to 35 on pages 16 & 17).</p> <p>If eligible, I would like a gift card to :</p> <p><input type="checkbox"/> Co-op <input type="checkbox"/> Peavey Mart <input type="checkbox"/> UFA</p>

I would like to receive a report of my production indicators by email. YES NO
 I am willing to be contacted to participate in future surveys. YES NO

Please provide a mailing address to receive your gift card(s) (if eligible).
Expect 4-6 weeks for delivery of gift cards.

Name: _____

Address: _____

Town/City _____ Prov _____ Postal Code: _____

Email _____

Submit your completed survey in one of the following ways:

Hard Copy (Paper) Surveys – Place your completed survey in the pre-addressed postage paid envelope that was provided with the survey. Mail through Canada Post. No envelope? Free postage labels are also available on www.wcccs.ca – simply print off the label, trim the label and tape onto a #10 envelope then mail through Canada Post.

Online Survey – Surveys can also be completed and submitted online. The link to the online survey is: www.tinyurl.com/wcccs2017

THANK-YOU!
END OF SURVEY