



Animal and Plant Health Inspection Service

Veterinary Services

Goat 2009 Parasite Evaluation Collection Record

National Animal Health Monitoring System

2150 Centre Ave, Bldg B Fort Collins, CO 80526

Form Approved OMB Number 0579-xxxx Expiration date: xxx

Last date to take samples is XX , 2009

Samples must be shipped on Monday, Tuesday, or Wednesday.

State:	Operation Number: (from Producer Agreement)	Collection date: (mm/dd/yy)	Kit Number:
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BE SURE TO ONLY COLLECT SAMPLES FROM GOATS 2 years or older.

- Write down the age of each animal you take a fecal sample from like the example in the first column. Enter the number of samples taken into the table above.

Age in years	Age in years	Age in years	Age in years	Age in years	Age in years
4.5					
2.5					
3					
6					

- What is the total number of animals you sampled? Should equal the number of ages listed above..... head

For the following, write in responses. If zero or none, write in 0. If you can not answer a question or it is not applicable, please note the reason why in the margin.

- In the pen/area these samples were taken, how many:
 - unweaned kids are present? head
 - weaned kids 4 months to 1 year of age are present? head
 - goats 2 years of age or greater are present? head
 Total animals in area total

- What breed of goats were sampled (Check all that apply).

- | | | | |
|---------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Alpine | <input type="checkbox"/> La Mancha | <input type="checkbox"/> Saanen | <input type="checkbox"/> Other breed or cross |
| <input type="checkbox"/> Angora | <input type="checkbox"/> Nubian | <input type="checkbox"/> Spanish | SPECIFY: _____ |
| <input type="checkbox"/> Boer | <input type="checkbox"/> Oberhasli | <input type="checkbox"/> Tennessee Fainting | |
| <input type="checkbox"/> Kiko | <input type="checkbox"/> Pygmy Goat | <input type="checkbox"/> Toggenburg | |

5. How were the goats sampled selected?
- a. Used famacha card ₁ Yes ₃ No
- b. Animal was symptomatic (e.g. had diarrhea) ₁ Yes ₃ No
- c. Other specify: _____ ₁ Yes ₃ No
6. Before today, have these goats EVER been treated with a dewormer? ₁ Yes ₃ No
- IF YES, what date were they last treated? (*Explain in margin if you don't know.*) _____ mm/dd/yy
- IF YES, using the Dewormer Reference List on the back of the Collection Instruction Sheet, what was the name and code number for the product used?
- Product name: _____ code from list: _____
- If a second product was used at the *same time*, what was the name and code?
- Product name: _____ code from list: _____
7. Which best describes the management of the sampled goats during the past 30 days?
- ₁ Open range (large unfenced acreage)
- ₂ Fenced range (large fenced acreage)
- ₃ Fenced farm (cultivated pasture or browse)
- ₄ Dry lot (pen which does not allow grazing and is not meant for finishing goats on a high-energy diet for slaughter)
- ₅ Other (specify: _____)