



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# GOAT 2009 GENERAL MANAGEMENT REPORT (2009)



National Animal Health  
Monitoring System

2150 Centre Ave Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number xxxx-xxxx  
Exp. Date xx/xxxx

Beginning time (military): \_\_\_\_\_

*We would like to ask you some questions about your goat operation. To understand important issues in the goat industry, we need to obtain information about the health status of your goats and any health problems they may have had, as well as about productivity and management.*

*You may find it easier provide accurate data if you use records to answer some of the questions. Your participation is **voluntary** and not required by law. However, your responses are needed to make regional and national estimates as precise as possible.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 1.0 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

**NAHMS-217  
JUL 2009**

## Section A—Inventory

1. How many goats or kids did you have on hand on July 1, 2009? ..... \_\_\_\_\_ head

**[If NO goats on hand (Item 1 = ZERO), SKIP to Administrative Section.]**

2. Of the goats or kids on this operation on July 1, 2009, how many were:  
*[Answer based on primary use, regardless of breed.]*

	Total	Meat	Milk	Angora/ Fiber	Other
a. Breeding does 1 year old and older?					
b. Breeding bucks 1 year old and older?					
c. Replacement kids less than 1 year old, including all kids kept for breeding (unweaned and weaned)?					
d. Market kids less than 1 year old, including all kids not intended for breeding (unweaned and weaned)?					
e. Market goats 1 year old and older (include does and bucks no longer used for breeding)?					
f. Total <i>[should equal Item 1]</i>					

**[If Item 2f “other” = ZERO, SKIP to Section B.]**

Now I have some questions about the “other” goats in Item 2 above.

3. I would like to ask about the primary uses for these “other” goats (for young goats, the use for which they are intended).  
*[Include each animal only once.]*

- a. Brush control/forage management?..... \_\_\_\_\_ head
- b. Showing, competition, 4H, or club? ..... \_\_\_\_\_ head
- c. Companion goats for pleasure?..... \_\_\_\_\_ head
- d. Pack goats? ..... \_\_\_\_\_ head
- e. Other? (specify: \_\_\_\_\_) ..... \_\_\_\_\_ head
- f. **Total** *[should equal Item 2f “other”]* ..... \_\_\_\_\_ head

## Section B—General Management

1. What do you consider to be the **primary** production focus of this operation?

*[Check one only. If multiple categories apply, select the one that provided the **majority** of the operation's earnings during the previous 12 months.]*

- <sub>1</sub> Meat
- <sub>2</sub> Dairy
- <sub>3</sub> Angora/fiber
- <sub>4</sub> Other (specify: \_\_\_\_\_)

2. Approximately how many years ago did the primary operator first enter the goat business? ..... \_\_\_\_\_ years

3. How important are the following reasons to you for raising goats?

	Not Important	Somewhat Important	Very Important
a. Family tradition (always had goats)			
b. Fun/hobby			
c. Source of income (sale of live animals, meat, dairy products, fiber, etc.)			
d. Meat, milk, or fiber for personal consumption or use			
e. Clubs (e.g., 4H)			
f. Other reason (specify: _____)			

4. As a source of information on **goat health**, how important are:

	Not Important	Somewhat Important	Very Important
a. Production and management books?			
b. Industry/association meetings?			
c. Internet?			
d. Magazines/newsletters?			
e. University/extension agent?			
f. Veterinarian, nutritionist, or other consultant?			
g. Feed and drug salespeople?			
h. Other goat producers?			

5. Do you belong to a:

- a. National goat association or club? ..... <sub>1</sub> Yes <sub>3</sub> No
- b. State or local goat association or club? ..... <sub>1</sub> Yes <sub>3</sub> No

6. During the previous 12 months, did you maintain or use production records which were:
- a. Computerized? ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Noncomputerized (e.g., hand-written or typed)? ..... <sub>1</sub> Yes <sub>3</sub> No
7. During the previous 12 months, did you **manage** your goat herd on:
- a. Open range (large unfenced acreage)? ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Fenced range (large fenced acreage)? ..... <sub>1</sub> Yes <sub>3</sub> No
- c. Fenced farm (cultivated pasture or browse)? ..... <sub>1</sub> Yes <sub>3</sub> No
- d. Dry lot (pen which does not allow grazing and is not meant for finishing goats on a high-energy diet for slaughter)..... <sub>1</sub> Yes <sub>3</sub> No
- e. Other (specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No
8. Which of these (Item 7) were used to manage the majority of goats?  
*[Enter an item code from Item 7.]* ..... \_\_\_\_\_ code
9. During the previous 12 months, were the following feed sources or supplements used all year, sometimes, or never for **any** goats or kids on this operation?

	All Year	Sometimes	Never
<u>Roughage</u>			
a. Range (noncultivated native grasses).....	_____	_____	_____
b. Pasture (cultivated grasses) .....	_____	_____	_____
c. Forbs (weeds) and/or browse (woody plants, vines, and brush).....	_____	_____	_____
d. Cut grass or legume hay .....	_____	_____	_____
<u>Concentrate/other</u>			
e. Crop residue/byproduct feeds (e.g., fat, soy hulls, wheat middlings) .....	_____	_____	_____
f. Concentrate/grain rations (corn, milo, barley, wheat, oats, rye).....	_____	_____	_____
g. High protein feed (cottonseed meal/soybean meal/fish meal or other specialty protein) .....	_____	_____	_____
h. Commercial "complete" goat feed—pelleted or textured .....	_____	_____	_____
i. Other (specify: _____) .....	_____	_____	_____

10. During the previous 12 months, were any of this operation's goats or kids placed on:
- a. Public land (State or Federal)? ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Other land (not part of this operation)? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Items 10a and 10b both = NO, SKIP to Section C.]**

11. When placed on public or other land, were any of this operation's goats commingled with sheep or goats from other operations? ..... <sub>1</sub> Yes <sub>3</sub> No

## Section C—Breeding Management

---

1. Did this operation breed any goats during the previous 12 months? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 1 = NO, SKIP to Section D.]**

2. Did you manipulate breeding (estrus synchronization) during the previous 12 months? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 2 = NO, SKIP to Item 5.]**

3. Did you use hormones to synchronize estrus? ..... <sub>1</sub> Yes <sub>3</sub> No

4. What were the reasons you used estrus synchronization in your does?

- a. More uniformly sized or aged kid crop ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Condensed kidding to maximize labor ..... <sub>1</sub> Yes <sub>3</sub> No
- c. More efficient use of facilities ..... <sub>1</sub> Yes <sub>3</sub> No
- d. More efficient use of bucks ..... <sub>1</sub> Yes <sub>3</sub> No
- e. To allow artificial insemination (AI) or embryo transfer ..... <sub>1</sub> Yes <sub>3</sub> No
- f. Other (specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No

5. Did you use any of the following reproductive practices during the previous 12 months?

- a. Flushing (does fed extra energy ration prior to breeding season) ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Buck scrotum palpation/evaluation ..... <sub>1</sub> Yes <sub>3</sub> No
- c. Buck semen evaluation ..... <sub>1</sub> Yes <sub>3</sub> No
- d. Genetic selection for ability to breed out of season ..... <sub>1</sub> Yes <sub>3</sub> No
- e. Regulation of light for out-of-season breeding ..... <sub>1</sub> Yes <sub>3</sub> No
- f. Use of hormones for out-of-season breeding ..... <sub>1</sub> Yes <sub>3</sub> No
- g. Ultrasound (pregnancy diagnosis, fetal counting) ..... <sub>1</sub> Yes <sub>3</sub> No

6. Were any bucks used for natural breeding on this operation during the last breeding season? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 6 = NO, SKIP to Section D.]**

7. For the last breeding season, how many females were bred by:

- a. Kid bucks (less than 12 months old)? ..... \_\_\_\_\_ head
- b. Yearling bucks (12 to 18 months old)? ..... \_\_\_\_\_ head
- c. Adult bucks (over 18 months old)? ..... \_\_\_\_\_ head

## Section D—Kid Crop and Management

---

1. How many kids were born in your 2008 kid crop? ..... \_\_\_\_\_ head
2. How many of these kids were weaned? ..... \_\_\_\_\_ head
3. Were any kids born on your operation between July 1, 2008,  
and June 30, 2009? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 1 = NO, SKIP to Section E.]**

First we want to ask about all the does that were expected to kid between July 1, 2008, and June 30, 2009. This includes does that actually kidded, and the does that were bred but did not kid because they never got pregnant or they aborted.

DOE INFORMATION

4. How many of the does expected to kid between July 1, 2008,  
and June 30, 2009:
  - a. Aborted (known abortion)? ..... \_\_\_\_\_ head
  - b. Gave birth (kid born dead or alive)? ..... \_\_\_\_\_ head
  - c. Never became pregnant (or unobserved abortion)? ..... \_\_\_\_\_ head
  - d. **Total** [Add Items 2a-2c.] ..... \_\_\_\_\_ head

If Item 2c > ZERO, how many of these does had  
a multiple birth (twins/triplets)? ..... \_\_\_\_\_ head
5. How many of these same does (expected to kid between  
July 1, 2008, and June 30, 2009) were successfully bred:
  - a. By artificial insemination (A/I)? ..... \_\_\_\_\_ head
  - b. By embryo transfer? ..... \_\_\_\_\_ head
  - c. Naturally by this operation's bucks? ..... \_\_\_\_\_ head
  - d. Naturally by another operation's bucks? ..... \_\_\_\_\_ head
  - e. **Total** [should equal Item 2d] ..... \_\_\_\_\_ head

Now we will ask about the kids born between July 1, 2008, and June 30, 2009.

KID INFORMATION

6. Of the kids born between July 1, 2008, and June 30, 2009, how  
many kids were:
  - a. Born alive? ..... \_\_\_\_\_ head
  - b. Born dead? ..... \_\_\_\_\_ head
  - c. **Total** [Add Items 4a-4b.] ..... \_\_\_\_\_ head

7. Of the total kids born (alive or dead), how many were born during:  
*[Enter percentage or head.]*
- |  |         |           |            |
|--|---------|-----------|------------|
| a. July 2008? .....  | _____ % | <b>OR</b> | _____ head |
| b. August 2008? .....  | _____ % |           | _____ head |
| c. September 2008? .....                                     | _____ % |           | _____ head |
| d. October 2008? .....                                       | _____ % |           | _____ head |
| e. November 2008? .....                                      | _____ % |           | _____ head |
| f. December 2008? .....                                      | _____ % |           | _____ head |
| g. January 2009? .....                                       | _____ % |           | _____ head |
| h. February 2009? .....                                      | _____ % |           | _____ head |
| i. March 2009? .....   | _____ % |           | _____ head |
| j. April 2009? .....   | _____ % |           | _____ head |
| k. May 2009? .....   | _____ % |           | _____ head |
| l. June 2009? .....  | _____ % |           | _____ head |
| m. <b>Total</b> <i>[should equal 100% or Item 4c.]</i> ..... | 100%    |           | _____ head |
8. Were any kids born in the following types of environments:
- |   |   |  |
|---|---|--|
| a. Individual kidding pen or jug? .....   | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| b. Barn or shed (covered without individual pens)? .....                              | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| c. Special kidding pasture that allows increased observation<br>and/or shelter? ..... | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| d. Other fenced pasture? .....  | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| e. Open range? .....  | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| f. Dry lot (pen which does not allow grazing)? .....                                  | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| g. Other? (specify: _____) .....  | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
9. Which of the above was the **primary** type of environment where  
kids were born? ..... \_\_\_\_\_ code

The next questions are about kid care and management. Answer based on what this operation **usually** did in the previous 12 months.

10. Which best describes how kids were **normally raised** on this operation?
- <sub>1</sub> No nursing—kids were separated from the mothers immediately after birth and hand fed (e.g., teat feeder/bottle/bucket feeding)
- <sub>2</sub> Nursing and hand fed—kids were raised on a combination of nursing and hand fed (teat feeder/bottle/bucket feeding)
- <sub>3</sub> Nursing only—kids nursed their mothers and were not hand fed unless orphaned

**[If Item 10 = 1, SKIP to Item 12.]**

11. After kidding, were doe and kid usually:  
*[Check one only.]*
- <sub>1</sub> Kept separate from other goats?  
 If CHECKED, for how many days? ..... \_\_\_\_\_ days
- <sub>2</sub> Placed with other doe/kid pairs?
- <sub>3</sub> Placed with remainder of herd?
- <sub>4</sub> Other? (specify: \_\_\_\_\_)
12. During the previous 12 months, did this operation usually:
- a. Heat treat colostrum before it was fed to kids?..... <sub>1</sub> Yes <sub>3</sub> No
- b. Pasteurize milk before it was fed to kids?..... <sub>1</sub> Yes <sub>3</sub> No
- c. Provide creep feed to kids? ..... <sub>1</sub> Yes <sub>3</sub> No
13. When kids were weaned during the previous 12 months,  
 what was their average age (weeks)? ..... \_\_\_\_\_ weeks
14. Were any weaned kids sold during the previous 12 months? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 14 = NO, SKIP to Section E.]**

15. At what age and weight were weaned kids usually sold?
- a. Age (weeks) ..... \_\_\_\_\_ wk
- b. Weight (pounds) ..... \_\_\_\_\_ lb

### Section E—Goat Diseases

---

1. Which of the following categories best describes your experience  
 with the FAMACHA<sup>®</sup> card/eye color (anemia) score?  
*[Check one only.]*
- <sub>1</sub> Regularly use FAMACHA<sup>®</sup> card as management tool
- <sub>2</sub> Have used the FAMACHA<sup>®</sup> card some
- <sub>3</sub> Have seen/heard about the FAMACHA<sup>®</sup> card, but don't use
- <sub>4</sub> Have not heard of it before
2. During the previous 12 months, have any of your goats had scabs  
 around the mouth, feet, or udders? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 2 = NO, SKIP to Item 4.]**



3. Did you use any of the following practices when handling goats with scabs around the mouth, feet, or udders?
- a. Wear gloves when handling goats with scabs ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Wash hands with soap and water after touching goats with scabs ..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Cover cuts and scrapes when handling goats with scabs ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Obtain veterinary consultation when goats have scabs..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Vaccinate for sore mouth ..... <sub>1</sub> Yes <sub>3</sub> No
4. For any goats or kids on this operation, which of the following symptoms did you see during the previous 12 months?
- a. Joint swelling (knobby knees) or crippled goats ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Wasting or weight loss in spite of good appetite..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Central nervous system signs (loss of coordination, staggering, swaying, falling down, high stepping of foreleg, or stiff legged rear legs, lip smacking) ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Sores of hoof area with foul odor ..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Abscesses, boils, or lumps on the head, shoulder, or upper rear legs..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 4e = NO, SKIP to Item 6.]**

5. In the previous 12 months, what did you usually do with animals with abscesses, boils, or lumps?
- a. Isolate the animal ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Drain or lance the lumps ..... <sub>1</sub> Yes <sub>3</sub> No
- If YES, what do you usually do with the drainage?
- <sub>1</sub> Collect drainage in syringe or other container
  - <sub>2</sub> Leave to drain
  - <sub>3</sub> Other (specify: \_\_\_\_\_)
- c. Treat with antibiotics ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Inject formalin solution into abcess/lump ..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Sell the animal to market or slaughter ..... <sub>1</sub> Yes <sub>3</sub> No
  - f. Call the veterinarian ..... <sub>1</sub> Yes <sub>3</sub> No
  - g. Ignore ..... <sub>1</sub> Yes <sub>3</sub> No

Familiarity Code List for Item 6	
1 = Knowledgeable	2 = Somewhat knowledgeable
3 = Never heard of it	

6. Which of the following categories best describes how familiar you are with the listed diseases in goats?
- a. Caprine arthritis encephalitis (CAE, big knee) ..... \_\_\_\_\_ code
  - b. Caseous lymphadenitis (boils, CL, abscesses) ..... \_\_\_\_\_ code
  - c. Johne's disease (paratuberculosis) ..... \_\_\_\_\_ code
  - d. Scrapie ..... \_\_\_\_\_ code
  - e. Q fever..... \_\_\_\_\_ code
  - f. Sore mouth (orf/contagious ecthyma)..... \_\_\_\_\_ code

**[If Item 6f = 3, SKIP to Item 9.]**

7. Do you think you have ever been infected with orf (soremouth)? ..... <sub>1</sub> Yes <sub>3</sub> No
8. Were any of your goats tested for brucellosis during the previous 3 years? ..... <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Never heard of brucellosis

**[If Item 8 = 4, SKIP to Item 13.]**

**[If Item 8 = NO, SKIP to Item 12.]**

9. When you last had any of your goats tested for brucellosis, for which of the following purposes were the goats tested?
- a. Movement requirement ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Show or exhibition requirement ..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Veterinarian (nonregulatory, private practitioner) recommendation ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. State requirement..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Other (specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No
10. When you last had any of your goats tested for brucellosis, which of the following types of tests were used?
- a. Blood test ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
  - b. Milk test ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
  - c. Tissue test (e.g., aborted fetus or biopsy)..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No
  - d. Other (specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>2</sub> D/K <sub>3</sub> No

11. Which of the following diseases are also infectious to humans?
- |                                 |   |   |  |
|---------------------------------|---|---|--|
| a. Brucellosis? .....           | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> D/K | <input type="checkbox"/> <sub>3</sub> No |
| b. Caseous lymphadenitis? ..... | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> D/K | <input type="checkbox"/> <sub>3</sub> No |
| c. Q fever? .....               | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> D/K | <input type="checkbox"/> <sub>3</sub> No |
| d. Soremouth (orf) .....        | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> D/K | <input type="checkbox"/> <sub>3</sub> No |
| e. Toxoplasmosis? .....         | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> D/K | <input type="checkbox"/> <sub>3</sub> No |
| f. Bluetongue? .....            | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> D/K | <input type="checkbox"/> <sub>3</sub> No |

The National Scrapie Flock Certification program is a voluntary State–Federal–Industry cooperative effort to reduce scrapie occurrence and spread and requires annual inspections of records and sheep on the operation.

12. Which of the following best describes your participation in the National Scrapie Flock Certification Program?
- <sub>1</sub> Currently participate in the certification program
- <sub>2</sub> Know of the program but do not participate
- <sub>3</sub> Did not know of the program prior to this

## Section F—Goat Health Management and Biosecurity

---

1. During the previous 12 months, did this operation consult a veterinarian for any reason related to goat health, productivity, or management?..... <sub>1</sub> Yes <sub>3</sub> No

2. Did any of the following types of people visit your operation during the previous 12 months? *[Check all that apply.]* For each box that is checked, approximately how many times per month or year do the following types of people visit your operation?

	Per Month	OR	Per Year
a. <input type="checkbox"/> Federal/State veterinarian or animal health worker.....	_____		_____
b. <input type="checkbox"/> Extension agent or university veterinarian .....	_____		_____
c. <input type="checkbox"/> Private or company veterinarian.....	_____		_____
d. <input type="checkbox"/> Nutritionist or feed company consultant .....	_____		_____
e. <input type="checkbox"/> Customer (private individual) purchasing milk, fiber, goats, meat, cheese, other goat product.....	_____		_____
f. <input type="checkbox"/> Goat wholesaler, buyer, or dealer .....	_____		_____
g. <input type="checkbox"/> Renderer.....	_____		_____
h. <input type="checkbox"/> Other goat business visitors (including other producers, feed delivery personnel and service personnel).....	_____		_____
i. <input type="checkbox"/> Other nonbusiness visitors (including neighbors, friends, and school field trip visitors) .....	_____		_____

**[If all Items 2a-2i = NO, SKIP to Item 5.]**

3. Did any of the above visitors enter the goat production area?..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 3 = NO, SKIP to Item 5.]**

4. Did you always, sometimes, or never require the following measures for visitors entering the goat production area of your operation?

- a. Change into clean clothes or coveralls ..... <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never
- b. Use a footbath before entry ..... <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never
- c. Change into clean boots or use shoe covers..... <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never
- d. Scrub shoes before or after entry ..... <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never
- e. Wash hands before handling goats ..... <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never
- f. No contact with other livestock for at least 24 hours before visiting your goats ..... <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never
- g. Park away from goat area ..... <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never

5. Did any paid or unpaid workers (including family members) who live off the operation have goats or other livestock at their homes during the previous 12 months? ..... <sub>1</sub> Yes <sub>3</sub> No

6. During the previous 12 months, did paid or unpaid workers on your operation, including yourself and family members, visit the following places?

- a. Milk, fiber, or other processing plant..... <sub>1</sub> Yes <sub>3</sub> No
- b. Slaughter facility ..... <sub>1</sub> Yes <sub>3</sub> No
- c. Farm where goats are raised (separate from..... this operation..... <sub>1</sub> Yes <sub>3</sub> No
- d. Facility that sells goats (e.g., auction, flea market, swap meet, bird market)..... <sub>1</sub> Yes <sub>3</sub> No
- e. Feed store or feed mill ..... <sub>1</sub> Yes <sub>3</sub> No
- f. Rendering facility..... <sub>1</sub> Yes <sub>3</sub> No
- g. Goat show or fair..... <sub>1</sub> Yes <sub>3</sub> No

7. During the previous 12 months, which of the following animals did you keep on this operation?

- a. Domestic sheep ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Captive deer, elk, or other exotic hoofstock..... <sub>1</sub> Yes <sub>3</sub> No
- c. Beef or dairy cattle ..... <sub>1</sub> Yes <sub>3</sub> No
- d. Horses, donkeys, or other equids ..... <sub>1</sub> Yes <sub>3</sub> No
- e. Llamas or alpacas ..... <sub>1</sub> Yes <sub>3</sub> No
- f. Domestic pigs..... <sub>1</sub> Yes <sub>3</sub> No
- g. Poultry (e.g., domestic chickens, turkeys, ducks, geese)..... <sub>1</sub> Yes <sub>3</sub> No
- h. Domestic dogs or cats..... <sub>1</sub> Yes <sub>3</sub> No

8. During the previous 12 months, which of the following animals that did not reside on this operation had fence-line contact or commingled with goats on this operation? *[Include your neighbor's animals and visiting domestic animals.]*
- a. Domestic sheep or goats ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Bighorn sheep or feral goats ..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Deer, elk, antelope or other exotic hoofstock ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Beef or dairy cattle ..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Llamas or alpacas ..... <sub>1</sub> Yes <sub>3</sub> No
  - f. Pigs (domestic or feral) ..... <sub>1</sub> Yes <sub>3</sub> No
  - g. Dogs, cats, raccoons, skunks, or opossum ..... <sub>1</sub> Yes <sub>3</sub> No
  - h. Predators (e.g., coyotes, bears, wolves, mountain lions ..... <sub>1</sub> Yes <sub>3</sub> No
  - i. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

### Section G—Milk Production

---

1. Did you milk any of your does during the previous 12 months?..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 1 = NO, SKIP to Section H.]**

2. What percentage of your does are usually milked by:
- a. Hand?..... \_\_\_\_\_ %
  - b. Machine?..... \_\_\_\_\_ %
  - c. **Total** *[Add Items 2a-b.]*..... 100%

3. How many times per day were does **usually** milked?  
*[Check one only.]*

- <sub>1</sub> Less than once a day
- <sub>2</sub> Once a day
- <sub>3</sub> Twice a day
- <sub>4</sub> More than twice a day

4. For goats milked during the previous 12 months, was any of the milk used for:
- a. Home consumption? ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Raising kids? ..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Feeding to other livestock on this operation? ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Making cheese or yogurt on the farm? ..... <sub>1</sub> Yes <sub>3</sub> No

5. Was any milk, or were any milk products sold or traded? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 5 = NO, SKIP to Item 8.]**

6. Was the milk, or were the milk products sold or traded:
- a. As cheese or to be made into cheese? ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. As milk for human consumption? ..... <sub>1</sub> Yes <sub>3</sub> No
  - c. As milk for livestock consumption? ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. As other products or to be made into other products  
such as yogurt, ice cream, soap, etc.? ..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Pet consumption? ..... <sub>1</sub> Yes <sub>3</sub> No
7. During the previous 12 months, how were milk products sold?
- a. Sold directly to the public (including Internet sales, farmer's market) ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Sold to retail establishments, restaurants, or other commercial sales ..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Sold to a cooperative or as part of a cooperative ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Sold to wholesaler, dealer, or processor..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Other (specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No
8. During the previous 12 months, did this operation **routinely** perform **on-farm** pasteurization of goat milk intended for human consumption?  
*[Pasteurization means to follow the Pasteurized Milk Ordinance (PMO) time and temperature guidelines to ensure destruction of certain microorganisms (see guidelines below).]* ..... <sub>1</sub> Yes <sub>3</sub> No

Reference Table	
Temperature	Time
63°C (145°F)	30 min
72°C (161°F)	15 sec
89°C (191°F)	1.0 sec
90°C (194°F)	0.5 sec
94°C (201°F)	0.1 sec
96°C (204°F)	0.05 sec
100°C (212°F)	0.01 sec

7. During the previous 12 months, did you market any goat milk or milk products intended for raw (**unpasteurized**) consumption? ..... <sub>1</sub> Yes <sub>3</sub> No
8. During the previous 12 months, did you or any family members consume raw (**unpasteurized**) goat milk or milk products that were produced on your operation? ..... <sub>1</sub> Yes <sub>3</sub> No

## Section H—Fiber Production

---

1. Were any of your goats shorn or combed for fiber during the previous 12 months? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 1 = NO, SKIP to Section I.]**

2. During the previous 12 months, were goats shorn or combed by:
- a. Employees of the operation (including owner)? ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Contracted crew? ..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Hired individual? ..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Other? (specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No

3. During the previous 12 months, which of the following describes the usual treatment of shears or combs between goats?  
[Check one only.]

- <sub>1</sub> Washed with soap and water and disinfected
- <sub>2</sub> Washed only using soap and water
- <sub>3</sub> No cleaning or disinfecting

4. How many pounds of the following types of fiber were produced on this operation during the previous 12 months? [Enter 0 if none produced.]

- a. Cashmere..... \_\_\_\_\_ lb
- b. Mohair (Angora goat) ..... \_\_\_\_\_ lb
- c. Other (specify: \_\_\_\_\_) ..... \_\_\_\_\_ lb

5. Did you sell or trade any fiber during the previous 12 months? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 5 = NO, SKIP to Section I.]**

6. What percentage of fiber sold or traded during the previous 12 months was marketed by the following methods?

- a. Private locally ..... \_\_\_\_\_ %
- b. Internet ..... \_\_\_\_\_ %
- c. Direct sales to mill buyer ..... \_\_\_\_\_ %
- d. Cooperative pools ..... \_\_\_\_\_ %
- e. Commercial warehouses..... \_\_\_\_\_ %
- f. Other (specify: \_\_\_\_\_) ..... \_\_\_\_\_ %
- g. **Total** [should equal 100%]..... 100%

7. Was the fiber usually tested for quality prior to sale? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 7 = NO, SKIP to Section I.]**

8. What fiber characteristics were measured?
- |                                 |   |  |
|---------------------------------|---|--|
| a. Vegetable matter .....       | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| b. Average fiber diameter ..... | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| c. Average fiber length .....   | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| d. Clean yield .....            | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| e. Other (specify: _____) ..... | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |

### Section I—Marketing and Movement

---

1. During the previous 12 months, how many kids or goats were added to this operation? [**Exclude** kids born on your operation.]
- |                                  |            |
|----------------------------------|------------|
| a. Kids .....                    | _____ head |
| b. Goats.....                    | _____ head |
| c. Total [Add Items 1a-1b.]..... | _____ head |

**[If Item 1 = ZERO for both kids and goats, SKIP to Item 5.]**

2. During the previous 12 months, how many **times** were kids or goats added?  
*[Example: If 5 goats were added all at once, it counts as 1 time.]*..... \_\_\_\_\_ times
3. For the kids or goats added during the previous 12 months, how many of the kids or goats came from the following **sources**?
- |   |            |
|---|------------|
| a. Goat wholesaler or dealer .....                  | _____ head |
| b. Directly from another premises with goats.....   | _____ head |
| c. Farm store or feed store.....                    | _____ head |
| d. Flea market, farmer's market, or swap meet ..... | _____ head |
| e. Fair or show .....                               | _____ head |
| f. Auction market .....                             | _____ head |
| g. Other (specify: _____) .....                     | _____ head |
| h. <b>Total</b> [should equal Item 1c].....         | _____ head |

4. For this question, the term "isolate" means to prevent nose-to-nose contact with other goats from this operation, and to prevent sharing of feed, drinking water, and equipment between goats.

During the previous 12 months, when new kids or goats were added to your operation, did you always, sometimes, or never isolate them from your primary herd for any period of time prior to introduction?  
*[Check one only.]*

- <sub>1</sub> Always  
<sub>2</sub> Sometimes  
<sub>3</sub> Never



If ALWAYS or SOMETIMES, on average, how many days were new animals isolated? ..... \_\_\_\_\_ days

If ALWAYS, what was the minimum number of days new animals were isolated?... \_\_\_\_\_ days

Now I am going to ask about goats that temporarily left your operation and then returned.

5. During the previous 12 months, did any kids or goats leave this operation, attend an event (e.g., fair, show, rodeo, or visit to another operation), and then return to your operation? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 5 = NO, SKIP to Item 7.]**

6. During the previous 12 months, when kids or goats temporarily left and returned, did you always, sometimes, or never isolate them for any period of time prior to re-introduction to the herd?  
[Check one only.]

- <sub>1</sub> Always  
<sub>2</sub> Sometimes  
<sub>3</sub> Never

If ALWAYS or SOMETIMES, on average, how many days were returning animals isolated? ..... \_\_\_\_\_ days

If ALWAYS, what was the minimum number of days new animals were isolated?... \_\_\_\_\_ days

Now I am going to ask about kids or goats that were permanently removed from your operation.

7. During the previous 12 months:
- a. How many live **kids** less than 1 year old were permanently removed from this operation? [**Exclude kids that died.**] ..... \_\_\_\_\_ head
- b. How many live goats 1 year or older were permanently removed from this operation? [**Exclude goats that died.**] ..... \_\_\_\_\_ head

**[If Items 7a and 7b both = ZERO, SKIP to Section J.]**

8. How many of these live kids or goats were permanently removed through the following channels?

	<b>Kids</b>	<b>Goats</b>
a. Direct sales to consumer or ethnic market.....	_____	_____
b. Direct sale to slaughter/packer .....	_____	_____
c. Another premises with goats, or backgrounder (non-feedlot feeders).....	_____	_____
d. Auction/sale barn .....	_____	_____
e. Buyer/dealer .....	_____	_____
f. Direct sales to feedlot separate from this operation.....	_____	_____
g. Other (specify: _____) .....	_____	_____
h. Totals [ <i>should equal Items 7a + 7b</i> ].....	_____	_____

**[If Item 8h (total adult goats removed) = ZERO, SKIP to Section J.]**

9. Of the permanently removed adult goats reported in Item 8h, how many were considered to be:
- a. Culled breeding bucks?..... \_\_\_\_\_ head
  - b. Culled breeding does? ..... \_\_\_\_\_ head
  - c. **Total** culled bucks and does [*Add Items 9a-9b.*] ..... \_\_\_\_\_ head

**[If Item 9c = ZERO, SKIP to Section J.]**

10. Of the culled goats, how many were culled primarily due to:  
*[Include each animal only once.]*

	<b>Bucks</b>	<b>Does</b>
a. Old age/teeth problems?.....	_____	_____ head
b. Poor mothering?.....	_____	_____ head
c. Failure to kid (open or aborted) or other reproductive problems? .....	_____	_____ head
d. Single kids?.....	_____	_____ head
e. Buck breeding performance? .....	_____	_____ head
f. Illness:		
(1) Mastitis (including hard bag syndrome)?.....	_____	_____ head
(2) Thin or unthrifty?.....	_____	_____ head
(3) Central nervous system signs (loss of coordination, staggering, swaying, falling down, high stepping of foreleg, or stiff legged rear legs, lip smacking) .....	_____	_____ head
(4) Internal parasites, low blood count, or based on FAMACHA® score .....	_____	_____ head
(5) Other illness? (specify: _____).....	_____	_____ head
g. Poor genetics (bad conformation, small young, etc.).....	_____	_____ head
h. Economic issues? (e.g., drought, herd reduction, market conditions).....	_____	_____ head
i. Low productivity .....	_____	_____ head
i. Other? (specify: _____) .....	_____	_____ head
j. <b>Totals</b> [ <i>should equal Items 9a and 9b.</i> ].....	_____	_____ head

11. What was the average age (years) of these culled bucks and does?
- a. Bucks..... \_\_\_\_\_ yrs
  - b. Does..... \_\_\_\_\_ yrs

12. Of the goats that were culled, what percentage had a **herd** identification (e.g., farm name, farm logo, or a number unique to the farm) when they left this operation? ..... \_\_\_\_\_ %

## Section J—Identification

---

1. Do any of the goats on this operation have an individual or herd ID, such as a tattoo, collar, ear notch, brand, microchip, or ear tag? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 1 = NO, SKIP to Item 3.]**

2. Which of the following methods does this operation use to identify goats individually and/or as a member of the herd?

	<b>Individual goat ID</b> (e.g., a unique number assigned to each goat)	<b>Herd ID</b> (e.g., farm name, farm logo, or number unique to this farm)
a. Tattoo .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Collar or leg band.....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Ear notch.....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. Hot-iron/freeze brand .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
e. Paint brand.....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
f. Microchip.....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
g. Scrapie ear tag.....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
h. Ear tag other than scrapie ear tag .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
i. Other (specify: _____) .....	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

3. Has this operation been assigned a unique herd ID as part of the National Scrapie Eradication Program (scrapie PIN)? ..... <sub>1</sub> Yes <sub>3</sub> No

4. Has this operation been assigned a unique **premises** ID by your State's Department of Agriculture as part of the National Animal ID System (NAIS)? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Item 4 = NO, SKIP to Administrative Section.]**

5. Has this operation implemented an individual animal ID system or technology that utilizes the U.S. Animal Identification Number (AIN) guidelines (a unique "840" number used for official identification of individual animals in the United States)? ..... <sub>1</sub> Yes <sub>3</sub> No