



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# Goat 2009 Blood Collection Record

National Animal Health  
Monitoring System

2150 Centre Ave, Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number 0579-???  
Expiration date: xxx

## Instructions:

1) Sample a maximum of 51 goats **greater than 2 years of age.**

1 to 19 goats - collect from all

20 to 50 goats - collect up to 35 samples

51 to 100 goats - collect up to 45 samples

101 or more goats - collect 51 samples

2) Collect 1 purple top and 1 red top tube of blood using the provided 18 gauge 1-inch vacutainer needles and tubes.

3) Write the State, Operation, Kit, and Animal ID on the tube label.

4) Record the tube number and Goat ID from the tube label to this starting on the next page and complete the information for each sample.

5) Ship with ice packs to the laboratory within 24 hours. Include the yellow copy of this form with the samples. Send the original to NAHMS and the pink copy to your Coordinator.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-XXXX. The time required to complete this information collection is estimated to average 4 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

**NAHMS-223  
Nov 2008**

# Goats 2009 – Blood Collection Record

<b>State FIPS:</b>	<b>Operation #:</b>	<b>Date:</b>	<b>Kit #:</b>	<b>Total Goat Inventory TODAY:</b>
2 digits	4 digits	mm/dd/yy	Printed on labels	
				<b>Total Goats Over 2 Years of Age:</b>

Tube # from label	Goat ID	Breed Code	Age in Years (must be > 2)	Gender	Body Score 1 = Thin, 2 = Normal 3 = Fat	Was this animal ever vaccinated for sore mouth?	Comments
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	1
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	2
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	3
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	4
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	5
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	6
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	7
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	8
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	9
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	10
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	11
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	12
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	13
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	14
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	15
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	16
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	17
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	18
				<input type="checkbox"/> <sub>1</sub> M <input type="checkbox"/> <sub>2</sub> F	<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	19

**BREED CODES:**

- |               |                |                              |
|---------------|----------------|------------------------------|
| 1 – Alpines   | 6 – Nubian     | 11 - Tennessee Fainting Goat |
| 2 – Angora    | 7 – Oberhasli  | 12 – Toggenburgs             |
| 3 – Boer      | 8 – Pygmy Goat | 13 – Other – PLEASE SPECIFY  |
| 4 – Kiko      | 9 – Saanens    | in box or margin above       |
| 5 – La Mancha | 10 – Spanish   |                              |

# Goats 2009 – Blood Collection Record – continued

State FIPS:	Operation #:	Kit #:
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**Continue blood collection if you have more than 19 goats that are 2-years old or more.  
Collect up to 35 samples if your herd size is 20 to 50 goats.**

Tube # from label	Goat ID	Breed Code	Age in Years (must be > 2)	Gender	Body Score 1 = Thin, 2 = Normal 3 = Fat	Was this animal ever vaccinated for sore mouth?	Comments
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	20
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	21
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	22
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	23
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	24
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	25
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	26
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	27
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	28
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	29
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	33
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	34
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	35

**Continue blood collection if you have more than 50 goats that are 2-years old or more.**

**BREED CODES:**

1 – Alpines	5 – La Mancha	9 - Saanens
2 – Angora	6 – Nubian	10 – Tennessee Fainting Goat
3 – Boer	7 – Oberhasli	11 - Toggenburgs
4 – Kiko	8 – Pygmy Goat	12 – Other – PLEASE SPECIFY in box or margin above

# Goats 2009 – Blood Collection Record – continued

State FIPS:	Operation #:	Kit #:
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**Continue blood collection if you have more than 50 goats that are 2-years old or more.  
Collect 45 total samples if your herd size is 51 to 100 goats.**

Tube # from label	Goat ID	Breed Code	Age in Years (must be > 2)	Gender	Body Score 1 = Thin, 2 = Normal 3 = Fat	Was this animal ever vaccinated for sore mouth?	Comments
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	36
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	37
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	38
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	39
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	40
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	41
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	42
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	43
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	44
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	45

**Continue blood collection if you have more than 100 goats that are 2-years old or more.  
Collect 51 total samples if your herd size is more than 100 goats.**

				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	46
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	47
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	48
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	49
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	50
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	51

**BREED CODES:**

1 – Alpines	5 – La Mancha	9 - Saanens
2 – Angora	6 – Nubian	10 – Tennessee Fainting Goat
3 – Boer	7 – Oberhasli	11 - Toggenburgs
4 – Kiko	8 – Pygmy Goat	12 – Other – PLEASE SPECIFY in box or margin above