



Animal and
Plant Health
Inspection
Service

Veterinary
Services

National Animal Health
Monitoring System

2150 Centre Ave, Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-xxxx
Expiration date: xxx

Goat 2009 Scab Sample Collection Record

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

State:	Operation Number: (from Producer Agreement)	Date Sample(s) Collected:	Kit Number:	How many samples are you sending in? _____
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Please complete the information above and answer the questions below regarding the herd and each animal sampled.

1. How many goats (including kids) are on your operation today?
2. What percentage of this herd would you say have scabs?..... %
3. For each animal sampled, please answer the following:

Goat ID	Animal Age (in years)	Gender Doe, Wether, Buck	Breed and Code (from list below)	Location of scab Mouth, Teat, Other (✓ one – specify other in comments)	Comments (include symptoms and scab location if not mouth or teat)
Billy Jo	2.5	<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B	Boer/Kiko cross - 13	<input checked="" type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	Limping, rough coat
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	
		<input checked="" type="checkbox"/> ₁ D <input type="checkbox"/> ₂ W <input type="checkbox"/> ₃ B		<input type="checkbox"/> ₁ M <input type="checkbox"/> ₂ T <input type="checkbox"/> ₃ O	

Breed Codes:

- 1 – Alpines
- 2 – Angora
- 3 – Boer
- 4 – Kiko

- 5 – La Mancha
- 6 – Nubian
- 7 – Oberhasli
- 8 – Pygmy Goat
- 9 – Saanens

- 10 – Spanish
- 11 – Tennessee Fainting
- 12 – Toggenburgs
- 13 – OTHER (specify breed or cross in column)

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 0.5 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-226
Nov 2008**