USDA

Animal and
Plant Health
Inspection
Service

Veterinary
Services

2009 CATI GOAT QUESTIONNAIRE

National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number xxxx-xxxx

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 *[should be equal to Item 1.]*					

[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.]*

   $\Box_1$ Meat

   $\Box_2$ Dairy

   $\Box_3$ Angora/fiber

   $\Box_4$ 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?.. $\square_1$ Yes $\square_3$ No

b. State or local goat association or club? .... $\square_1$ Yes $\square_3$ No

Section C—Kid Management

1. Were any kids born on your operation between July 1, 2008,
and June 30, 2009? .... $\square_1$ Yes $\square_3$ No

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

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

2. Which best describes how kids were **normally raised** on this operation?

$\square_1$ No nursing—kids were separated from the mothers immediately after
birth and hand fed (e.g., teat feeder/bottle/bucket feeding)

$\square_2$ Nursing and hand fed—kids were raised on a combination of nursing and
hand fed (teat feeder/bottle/bucket feeding)

$\square_3$ Nursing only—kids nursed their mothers and were not hand fed
unless orphaned

3. During the previous 12 months, did this operation usually:

a. Heat treat colostrum before it was fed to kids?... $\square_1$ Yes $\square_3$ No

b. Pasteurize milk before it was fed to kids?... $\square_1$ Yes $\square_3$ No

c. Provide creep feed to kids? .... $\square_1$ Yes $\square_3$ No

Section D—Goat Diseases

1. Which of the following categories best describes your experience
   with the FAMACHA© card/eye color score?
   [Check one only.]

   $\square_1$ Regularly use FAMACHA© card as management tool

   $\square_2$ Have used the FAMACHA© card some

   $\square_3$ Have seen/heard about the FAMACHA© card, but don't use

   $\square_4$ 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? .... $\square_1$ Yes $\square_3$ 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 .... $\square_1$ Yes $\square_3$ No

   b. Wash hands with soap and water after touching goats with scabs .... $\square_1$ Yes $\square_3$ No

   c. Cover cuts and scrapes when handling goats with scabs .... $\square_1$ Yes $\square_3$ No

   d. Obtain veterinary consultation when goats have scabs................................. $\square_1$ Yes $\square_3$ No

   e. Vaccinate for sore mouth .... $\square_1$ Yes $\square_3$ 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 .... $\square_1$ Yes $\square_3$ No

   b. Wasting or weight loss in spite of good appetite.. $\square_1$ Yes $\square_3$ No

   c. Central nervous system signs (loss of coordination, ...
      staggering, swaying, falling down, high stepping of foreleg,
      or stiff legged rear legs, lip smacking) .... $\square_1$ Yes $\square_3$ No

   d. Sores of hoof area with foul odor.. $\square_1$ Yes $\square_3$ No

   e. Abscesses, boils, or lumps on the head, shoulder or upper rear legs........... $\square_1$ Yes $\square_3$ No

Familiarity Code List for Item 5	
1 = Knowledgeable	2 = Somewhat knowledgeable
3 = Never heard of it	

5. 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 5g = 3, SKIP to Item 8.]

6. Can humans be infected with the virus that causes
    sore mouth (aka orf)? .... $\square_1$ Yes $\square_2$ Don't Know $\square_3$ No

[If Item 6 = NO or DON'T KNOW, SKIP to Item 8.]

7. Do you think you have ever been infected with orf?... $\square_1$ Yes $\square_3$ No

8. Have you tested any goats for brucellosis
    during the previous 3 years? .... $\square_1$ Yes $\square_3$ No $\square_4$ Never heard of brucellosis

[If Item 8 = 4, SKIP to Section E.]

9. Can humans be infected with brucellosis? ....$\square_1$ Yes $\square_2$ Don't Know $\square_3$ No

Section E—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?... $\square_1$ Yes $\square_3$ 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.	$\square$	Federal/State veterinarian or animal health worker....................	_____		_____
b.	$\square$	Extension agent or university veterinarian	_____		_____
c.	$\square$	Private or company veterinarian...	_____		_____
d.	$\square$	Nutritionist or feed company consultant	_____		_____
e.	$\square$	Customer (private individual) purchasing milk, fiber, goats, meat, cheese, other goat product..................................	_____		_____
f.	$\square$	Goat wholesaler, buyer, or dealer	_____		_____
g.	$\square$	Renderer..	_____		_____
h.	$\square$	Other goat business visitors (including other goat producer, feed delivery personnel and service personnel)........................	_____		_____
i.	$\square$	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?............................ $\square_1$ Yes $\square_3$ 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 .... $\square_1$ Always $\quad \square_2$ Sometimes $\quad \square_3$ Never

    b. Use a footbath before entry .... $\square_1$ Always $\quad \square_2$ Sometimes $\quad \square_3$ Never

    c. Change into clean boots or use shoe covers............. $\square_1$ Always $\quad \square_2$ Sometimes $\quad \square_3$ Never

    d. Scrub shoes before or after entry .... $\square_1$ Always $\quad \square_2$ Sometimes $\quad \square_3$ Never

    e. Wash hands before handling goats .... $\square_1$ Always $\quad \square_2$ Sometimes $\quad \square_3$ Never

    f. No contact with other livestock for at least
        24 hours before visiting your goats .... $\square_1$ Always $\quad \square_2$ Sometimes $\quad \square_3$ Never

    g. Park away from goat area .... $\square_1$ Always $\quad \square_2$ Sometimes $\quad \square_3$ Never

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

    a. Domestic sheep .... $\square_1$ Yes $\quad \square_3$ No

    b. Captive deer, elk, or other exotic hoofstock.. $\square_1$ Yes $\quad \square_3$ No

    c. Beef or dairy cattle .... $\square_1$ Yes $\quad \square_3$ No

    d. Horses, donkeys, or other equids .... $\square_1$ Yes $\quad \square_3$ No

    e. Llamas or alpacas .... $\square_1$ Yes $\quad \square_3$ No

    f. Domestic pigs... $\square_1$ Yes $\quad \square_3$ No

    g. Poultry (e.g., domestic chickens, turkeys, ducks, geese).............................. $\square_1$ Yes $\quad \square_3$ No

    h. Domestic dogs or cats... $\square_1$ Yes $\quad \square_3$ No

6. 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 .... $\square_1$ Yes $\quad \square_3$ No

    b. Bighorn sheep or feral goats... $\square_1$ Yes $\quad \square_3$ No

    c. Deer, elk, antelope or other exotic livestock .... $\square_1$ Yes $\quad \square_3$ No

    d. Beef or dairy cattle .... $\square_1$ Yes $\quad \square_3$ No

    e. Llamas or alpacas .... $\square_1$ Yes $\quad \square_3$ No

    f. Pigs (domestic or feral) .... $\square_1$ Yes $\quad \square_3$ No

    g. Dogs, cats, raccoons, skunks, or opossum .... $\square_1$ Yes $\quad \square_3$ No

    h. Predators (e.g., coyotes, bears, wolves, mountain lions .... $\square_1$ Yes $\quad \square_3$ No

    i. Other (specify: _____) .... $\square_1$ Yes $\quad \square_3$ No

Section F—Milk Production

1. Did you milk any of your does during the previous 12 months?........................... ☐₁ Yes ☐₃ No

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

2. For goats milked during the previous 12 months, was any of the milk used for:

   a. Home consumption? .... ☐₁ Yes ☐₃ No

   b. Kid growth? .... ☐₁ Yes ☐₃ No

   c. Feeding to other livestock on this operation? .... ☐₁ Yes ☐₃ No

   d. Making cheese or yogurt on the farm? .... ☐₁ Yes ☐₃ No

3. Was any of the milk, or were any milk products sold or traded?.......................... ☐₁ Yes ☐₃ No

[If Item 3 = NO, SKIP to Item 6.]

4. Was the milk, or were the milk products sold or traded:

   a. As cheese or to be made into cheese?.. ☐₁ Yes ☐₃ No

   b. As milk for human consumption?.. ☐₁ Yes ☐₃ No

   c. As milk for pet consumption? .... ☐₁ Yes ☐₃ No

   d. As milk for livestock consumption? .... ☐₁ Yes ☐₃ No

   e. As other products or to be made into other products
      such as yogurt, ice cream, soap, etc.? .... ☐₁ Yes ☐₃ No

5. During the previous 12 months, how were milk products sold?

   a. Sold directly to the public (including Internet sales, farmer's market) .... ☐₁ Yes ☐₃ No

   b. Sold to retail establishments, restaurants, or other commercial sales .... ☐₁ Yes ☐₃ No

   c. Sold to a cooperative or as part of a cooperative .... ☐₁ Yes ☐₃ No

   d. Sold to wholesaler, dealer, or processor.. ☐₁ Yes ☐₃ No

   e. Other (specify: _____) .... ☐₁ Yes ☐₃ No

6. During the previous 12 months, did you market any goat milk or
   milk products intended for raw (**unpasteurized**) consumption? .... ☐₁ Yes ☐₃ No

7. 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?... ☐₁ Yes ☐₃ No

Section G—Fiber Production

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

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

2. 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

3. Did you sell or trade any fiber during the previous 12 months? .... □₁ Yes □₃ No

[If Item 3 = NO, SKIP to Section H.]

4. 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: _____) .... _____ %

   Total *[should equal 100%]* 100%

Section H—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. Total *[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?

$\square_1$ Always

$\square_2$ Sometimes

$\square_3$ 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? .... $\square_1$ Yes $\square_3$ 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?

$\square_1$ Always

$\square_2$ Sometimes

$\square_3$ 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 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 I.]

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

		Kids	**Goats**
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** *[should equal Items 7a and 7b] ....*	_____	_____

[If Item 8h, total adult goats removed= ZERO, SKIP to Section I.]

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

Section I—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? .... □₁ Yes □₃ No

[If Item 1 = NO, SKIP to end.]

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

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