



Animal and
Plant Health
Inspection
Service

Veterinary
Services

GENERAL GOAT MANAGEMENT QUESTIONNAIRE 2019



National Animal Health
Monitoring System

2150 Centre Ave.,
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Fort Collins, CO 80526-8117

Form Approved
O.M.B. Number
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Please make corrections to name, address and zip code, if necessary.

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 to 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.*

SECTION A — INVENTORY

1. Were any goats or kids, regardless of ownership, on this operation on July 1, 2019?

₁ Yes-**CONTINUE**

₃ No-**SKIP to SECTION J**

2. Report the total number of goats and kids on this operation on July 1, 2019, by **primary use**.
[Report based on primary use regardless of breed.]

- a. Angora/fiber None
- b. Milk None
- c. Meat None
- d. Other (specify: _____) None
- e. Total None

**Number of
Goats and
kids**

3. Of the total angora/fiber, milk, and/or meat goats and kids (item 2a-c), how many were:
[write 0's if none is checked for the primary use above]

- a. Goats and kids intended for breeding:
*[Report based on **primary use** regardless of breed.]*
 - i. Does 1 year and older?
 - ii. Bucks 1 year and older?
 - iii. Replacement kids under 1 year old?
- b. Goats and kids for market:
*[Report based on **primary use** regardless of breed.]*
 - i. Market kids under 1 year old?
 - ii. Market goats 1 year old and older (not used for breeding)?
- c. Total
[Add items 3ai–3aiii, and 3bi and ii; should equal totals in item 2a-c.]

	Number of Angora/fiber Goats	Number of Milk Goats	Number of Meat Goats
a. Goats and kids intended for breeding: <i>[Report based on primary use regardless of breed.]</i>			
i. Does 1 year and older?			
ii. Bucks 1 year and older?			
iii. Replacement kids under 1 year old?			
b. Goats and kids for market: <i>[Report based on primary use regardless of breed.]</i>			
i. Market kids under 1 year old?			
ii. Market goats 1 year old and older (not used for breeding)?			
c. Total <i>[Add items 3ai–3aiii, and 3bi and ii; should equal totals in item 2a-c.]</i>			

4. Were there any **other** goats and kids (item 2d) on this operation on July 1, 2019?

₁ Yes-**CONTINUE**

₃ No-**SKIP to Item 6**

5. How many of these **[Item 2d]** other goats and kids had the following **primary uses**?

- For young goats or kids, report the use for which they are intended.
- Include each animal only once.

- a. Seed stock/ breed stock None
- b. Showing, competition, 4-H, or club. None
- c. Brush or weed control/ fire suppression. None
- d. Pack goats. None
- e. Pet or companion goats. None
- f. Other (specify: _____). None

Number of Other Goats	

6. Of the total goats and kids **[Item 2E]**, how many were in the following age groups:

- a. Less than 1 year old
- b. 1-2 years old
- c. 3-4 years old
- d. 3-4 years old
- e. 5 years or older

Head	
<input type="checkbox"/> None	
<input type="checkbox"/> None	
<input type="checkbox"/> None	
<input type="checkbox"/> None	
<input type="checkbox"/> None	

7. Now I have some questions about the breeds of goats and kids on this operation, of the total goats **[Item 2E]**.

- Include each animal only once.

How many goats were (either number or percentage of animals):

- a. Alpine? None
- b. Angora? None
- c. Boer? None
- d. Cashmere? None

Head	OR	Percent
		%
		%
		%
		%

Year

1. In what year did the primary operator first begin owning or managing goats?

2. How many goats do you expect to have in 5 years, compared to your July 1, 2019 inventory? [Check one only.]

- None- **CONTINUE**
- Fewer- **SKIP TO 4**
- About the same- **SKIP TO 4**
- More- **SKIP TO 4**

3. What is your main reason for expecting to have no goats in 5 years?

- Marketing of kids or products
- Internal parasites
- Other disease (specify : _____)
- Predator loss
- Personal or family situation (e.g., retirement, lack of successor)
- Government regulations (specify : _____)
- Other reason (specify : _____)

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

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	
a. Source of income (sale of live animals, meat, dairy products, fiber, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
b. Personal consumption or use of meat, milk, or fiber	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
c. Prescribed/target grazing, brush control, etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
d. Family tradition (always had goats)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
e. Clubs (e.g., 4-H)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
f. Fun/hobby (not including clubs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	N/A
g. Other (specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

5. Do you belong to a: {do we want this or breed organization}

- a. National goat or breed association or club?..... ₁ Yes ₃ No
- b. State or local goat or breed association or club?..... ₁ Yes ₃ No

6. During the previous 12 months, did you maintain or use any goat and kid production records that were:

- a. Computerized (desktop or laptop computer, tablet, cell phone)?..... ₁ Yes ₃ No
 - i. If yes, was it a commercial software program?..... ₁ Yes ₃ No
 - ii. If yes, was it a homemade spreadsheet, word document?..... ₁ Yes ₃ No

- d. Handwritten? ₁ Yes ₃ No
- e. By other method? (specify: _____)..... ₁ Yes ₃ No

7. For how many months during the previous 12 months did you manage the majority of your goats on the following:

- a. Open range (unfenced acreage)?
- b. Fenced range (uncultivated fenced acreage)?
- c. Fenced farm (cultivated pasture or browse)?
- d. Dry lot (pen which does not allow grazing)?
- Total**

Months
12 months

8. For how many months during the previous 12 months were any of this operation's goats or kids placed on:

- a. State or Federal public land?
- b. Other land (which is not part of this operation)?

Months

[If both items 8a and 8b = 0, SKIP to item 10.]

9. When placed on public or other land that is not part of this operation, were any of this operation's goats commingled with sheep or goats from other operations? ₁ Yes ₃ No
10. Do goats have access to any surface water (e.g., ponds, irrigation ditches, stream/creek) ₁ Yes ₃ No
11. What percentage of the time do the majority of goats on this operation spend:

- a. Browsing (feeds on leaves, soft shoots, or fruits of high-growing, generally woody, plants such as shrubs)?
- b. Grazing (feeding on grass or other low vegetation)?
- c. Other (specify _____)?
- Total**

Percent
%
%
%
100%

12. During the previous 12 months, were the following feed sources or supplements used for **any** goats or kids on this operation?

- a. Commercial complete feed (e.g., "goat chow") ₁ Yes ₃ No
- b. Cut hay (grass or legume) ₁ Yes ₃ No
- c. Concentrate/grain rations (e.g., corn, milo, barley, wheat, oats, rye) . ₁ Yes ₃ No
- d. High protein feed (e.g., cottonseed meal, soybean meal, fish meal, or other specialty protein) ₁ Yes ₃ No
- e. Crop residue/by-product feeds (e.g., fat, soy hulls, wheat middlings) ₁ Yes ₃ No
- f. Other (specify: _____) ₁ Yes ₃ No

SECTION C—BREEDING MANAGEMENT

1. Did this operation breed any goats during the previous 12 months (July 1, 2018-June 30, 2019)?
- ₁ Yes-**CONTINUE**
- ₃ No-**SKIP to SECTION D**
2. During the previous 12 months, did this operation have a **defined breeding season** (ie. bucks are kept with a group of does for no longer than 4 months) for its does?
- ₁ Yes-**CONTINUE**
- ₃ No-**SKIP to Item 6**
3. In general, does this operation:
- ₁ Breed the majority of does less than once a year?
- ₂ Breed the majority of does once a year?
- ₃ Breed the majority of does twice a year?
- ₃ Breed the majority of does three times in two years?
- ₄ Breed separate groups of does at different times of the year?
- ₅ Other? (specify: _____)
4. Did this operation synchronize estrus (manipulate breeding) during the previous 12 months?
- ₁ Yes-**CONTINUE**
- ₃ No-**SKIP to Item 6**
5. Did this operation synchronize estrus in its does for:
- | | | |
|---|---|--|
| a. More uniformly sized or aged kid crop?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Condensed kidding to optimize labor?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. More efficient use of facilities?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Market timing?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. More efficient use of bucks?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. To allow artificial insemination (AI) or embryo transfer?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| g. Other? (specify: _____)..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
6. Did this operation use any of the following reproductive practices during the previous 12 months:
- | | | |
|---|---|--|
| a. Flushing (does fed extra energy ration prior to breeding season)?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Hormones for estrus synchronization?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Teaser buck?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Genetic selection for ability to breed out of season?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Regulation of light for out-of-season breeding?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Ultrasound (pregnancy diagnosis, fetal counting)?..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
7. Did this operation use the following genetic information when choosing which bucks and/or does to breed?
- a. Estimated breeding values (EBVs) or genetic evaluation information from

- NSIP, DHIA or other genetic evaluation system?..... ₁ Yes ₃ No
 b. Resistance to parasites? ₁ Yes ₃ No

8. For does bred in the last 12 months was the breeding history recorded for individual animals? ₁ Yes ₃ No

9. Were any bucks, regardless of ownership, used for natural breeding on this operation during the last breeding season?

[If there is no defined breeding season (question 2=NO), ask about the previous 12 months]

₁ Yes-**CONTINUE**

₃ No-**SKIP to Section D**

10. Did bucks used for breeding have:

a. Buck scrotum palpation/evaluation?..... ₁ Yes ₃ No ₄ Don't Know

b. Buck semen evaluation?.....₁ Yes ₃ No ₄Don't Know

11. For the last breeding season how many bucks were used for breeding? **[If there is no defined breeding season (question 2=NO), ask about the previous 12 months]**, If does are bred more than once, answer for the first breeding.

- a. Kid bucks (less than 12 months old)?
- i. How many does did these bucks breed?
- b. Yearling bucks (12 to 18 months old)?
- i. How many does did these bucks breed?
- c. Adult bucks (over 18 months old)?
- i. How many does did these bucks breed?

Head

Section D—Kid Crop and Management

1. Were any kids born on this operation from July 1, 2018 through June 30, 2019

₁ Yes-**CONTINUE**

₃ No-**SKIP to SECTION E**

The next questions refer to the last completed breeding season and following kid crop. This is **the most recent kid crop** from which **all kids have been born**.

2. How many does bred for the **most recent kid crop**:

	Does		
a. Gave birth (kid born dead or alive)?	None	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
i. Had multiples (eg. twins/triplets/etc.)?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>
b. Aborted (known abortion)?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>
i. Number of does that aborted which were first-kidding does?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>
c. Never became pregnant (or unknown abortion)?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>
d. Died or were removed prior to kidding?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>
e. Total number of does bred (sum of a,b,c,d)			<input style="width: 100%; height: 20px;" type="text"/>

3. How many of these same does (confirm total from 2e) were bred:

- For does bred by more than one method, give method used first.

	Does		
a. Naturally by this operation's bucks?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>
b. Naturally by another operation's bucks?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>
c. By artificial insemination (AI)?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>
d. By embryo transfer?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>

4. For **the most recent kid crop**, how many kids were:

	Kids		
a. Kids born alive?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>

	Kids		
b. Kids born dead?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>

	Total		
c. Total kids born [Item 4a + Item 4b]			<input style="width: 100%; height: 20px;" type="text"/>

5. Of those [**Item 4a**, if 0 skip to question 5] kids born alive, how many:

	Kids		
i. Were sold prior to weaning?		<input type="checkbox"/> None	<input style="width: 100%; height: 20px;" type="text"/>

- b. Individual birth weights recorded? ₁ Yes ₃ No
- c. Number of kid deaths ₁ Yes ₃ No ₁ N/A
- d. Reasons for individual kid deaths ₁ Yes ₃ No ₁ N/A

9. Which of the following best describes how placentas (afterbirths) were usually disposed of during the last kidding season? **[Check one]**

- ₁ Left in the field/birthing area-**SKIP to Item 10**
- ₂ Buried-**CONTINUE**
- ₃ Burned/incinerated-**CONTINUE**
- ₄ Composted-**CONTINUE**
- ₅ Disposed of in landfill/dump-**CONTINUE**
- ₆ Other (specify: _____)-**CONTINUE**

Hours

10. What is the average length of time (in hours) placentas were left on the ground before removal? . . .

11. During the previous 12 months, which of the following best described how often the kidding area was cleaned of both manure and waste bedding during the kidding season?

- ₁ Never (not cleaned)
- ₂ Once, at the end of kidding season
- ₃ Several times during the kidding season (between two or more does)
- ₄ After each doe (between each doe)

12. During the previous 12 months, were first-time kidding does physically separated from older does that had previously given birth?

- ₁ Yes
- ₃ No

13. After kidding, were **first-time kidding does** and kid pairs usually: **[Check one]**

Days

- ₁ Kept separate from other goats? — **If kept separate, for how many days after kidding?**
- ₂ Kept with other doe/kid pairs?
- ₃ Not separated/always with herd?
- ₄ Other? (specify: _____)

16. After kidding, were **older does** (second or more kidding) and kid pairs usually: **[Check one]**

Days

- ₁ Kept separate from other goats? — **If kept separate, for how many days after kidding?**

- Kept with other doe/kid pairs?
- Not separated/always with herd?
- Other? (specify: _____)

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

- a. Heat treat or pasteurize colostrum before it was fed to kids? Yes No NA (nurse only)
- b. Pasteurize milk before it was fed to kids? Yes No NA (not fed)

18. What was the primary method used to store colostrum? **[Check only one.]**

- Do not store colostrum
- Stored without refrigeration
- Stored in a refrigerator
- Stored in a freezer
- Other (specify: _____)

19. During the previous 12 months, did this operation sell colostrum?

- Yes
- No

20. During the previous 12 months, what was the average age (in days) of **kids** when they were first offered:

- a. Water?
- b. Creep feed (Starter grain or other concentrates)? _{N/A} Not offered
- c. Hay or other roughages?

Days

21. During the previous 12 months, what was the average age (in weeks) when kids were weaned (weaning is when kids no longer receive milk or milk replacer, include kids that are weaned upon leaving the operation)?

- a. Doe kids
- b. Buck kids

Weeks

22. For these weaned kids were the following records kept?

- a. Number of kids weaned? Yes No
- b. Individual weaning weights? Yes No

23. Were any weaned kids sold during the previous 12 months?

- Yes-**CONTINUE**
- No-**SKIP to Item 28**

Weeks

[Empty box for weeks]

24. At what age were weaned **doe kids** usually sold?

Pounds

[Empty box for pounds]

25. At what weight were weaned **doe kids** usually sold?

Weeks

[Empty box for weeks]

26. At what age were weaned **buck kids** usually sold?

Pounds

[Empty box for pounds]

27. At what weight were weaned **buck kids** usually sold?

28. Of the kids born alive (**item 4a**) from July 1, 2018 to June 30, 2019, how many:

	Head	OR	Percent
a. Developed or are expected to develop horns? <input type="checkbox"/> None			
i. Of these [Item 27a] kids that developed or are expected to have horns, how many were or will disbudded on this operation?			
• Exclude kids disbudded elsewhere.			
ii. What is the average age of these [Item 27a] kids when they are disbudded on this operation? [Enter one response in days, weeks, or months]	Days OR	Weeks OR	Months

29. Which of the following best describes the primary method of disbudding used on this operation for kids? **[Check one]**

- ₁ Caustic paste
- ₂ Electric dehorner/debudder, hot iron
- ₃ Spoons or gouges
- ₄ Saws, barnes, or keystone (guillotine)
- ₅ Rubber band (elastrator band)
- ₆ Other (specify: _____)

30. When kids were disbudded, were analgesics or anesthesia routinely used?

- ₁ Yes
- ₃ No

31. Of the **buck kids** born on this operation from July 1, 2018 through June 20, 2019 how many head or what percentage were or will be castrated? None

Head	Percent

[If item 31 = 0, SKIP to SECTION E.]

<u>Days OR</u>	<u>Weeks OR</u>	<u>Months</u>
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32. What is the average age of these **[Item 31]** kids when they are castrated on this operation? **[Enter one response in days, weeks, or months]**

33. Which of the following best describes the primary method of castration used on this operation? **[Check one.]**

- ₁ Remove testicles with a blade
- ₂ Clamp/burdizzo (e.g., crush cords)
- ₃ Rubber band (elastator band)
- ₄ Other (specify: _____)

SECTION E—HEALTH MANAGEMENT

1. Have any of your goats had signs of sore mouth (such as scabs around the mouth, feet, or udder not known to be caused by trauma) during the previous 12 months (July 1, 2018 through June 30, 2019),?

₁ Yes-**CONTINUE**

₃ No-**SKIP to Item 3**

2. In the previous 12 months, how often did you use the following practices when handling goats with scabs around the mouth, feet, or udder?

	Never	Sometimes	Always
a. Wore gloves when handling goats with scabs .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Washed hands with soap and water after touching goats with scabs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Covered your cuts and scrapes when handling goats with scabs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Obtained veterinary consultation when goats had scabs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Vaccinated for sore mouth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

3. During the previous 12 months, have any of your goats had abscesses, boils, or lumps (typically on the head, neck, shoulder, or upper rear legs)?

₁ Yes-**CONTINUE**

₃ No-**SKIP to Item 5**

4. How often were each of the following actions taken for animals with abscesses, boils, or lumps?

	Never	Sometimes	Always
a. Call the veterinarian	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b. Cull the animal to market or slaughter	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
c. Isolate the goats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
i. [If sometimes or always] , How long was the goat isolated.	_____ days		
d. Drain or lance the lumps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
i. [If sometimes or always] , How often did you collect the drainage in a syringe or other container?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
e. Treat with antibiotics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
f. Inject a substance into the abscess/lump	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
g. Lab test (culture) for CL (caseous lymphadenitis, abscesses)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
h. Other (specify: _____) ..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

5. Who would you notify if adult goats had central nervous system issues (ie. circling, tremors, lip smacking, loss of coordination, rubbing against fences)? (check all that apply)

- Other goat producers
- Private veterinarian
- State veterinary office
- USDA veterinary office
- Other (specify: _____)
- Would not notify anyone

6. Were any of your goats tested for brucellosis during the previous 3 years?

- Yes-CONTINUE
- No-SKIP to Item 9

7. For what purposes were the goats tested for brucellosis?

- a. Movement requirement..... Yes No
- b. Show or exhibition requirement..... Yes No
- c. Veterinarian (nonregulatory, private practitioner) recommendation..... Yes No
- d. State requirement..... Yes No
- e. Concern for milk safety..... Yes No
- f. Other (specify: _____)..... Yes No

8. When tested for brucellosis, which of the following types of tests were used?

- a. Blood test..... Yes No Don't know
- b. Other (specify: _____)..... Yes No Don't know

9. Is your herd certified brucellosis-free? Yes No

10. Were any of your goats tested for TB during the previous 3 years?

- Yes-CONTINUE
- No-SKIP to Item 13

11. For what purposes were the goats tested for TB?

- a. Movement requirement..... Yes No
- b. Show or exhibition requirement..... Yes No
- c. Veterinarian (nonregulatory, private practitioner) recommendation..... Yes No
- d. State requirement..... Yes No
- e. Other (specify: _____)..... Yes No

12. Is your herd accredited TB-free?..... Yes No

13. During the previous 12 months, how often were the following recorded?

	Never	Sometimes	Always	N/A
a. Individual animal health and treatment (e.g., vaccination, deworming practices)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b. Laboratory test results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
c. Names of antibiotics used	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
d. Dates of antibiotic treatments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
e. Other medical treatments, tests, medications, etc. (specify: _____) . . .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

14. During the previous 12 months, did this operation consult a veterinarian for any reason related to goat health, productivity, or management?

₁ Yes-**SKIP to Item 16**

₃ No-**CONTINUE**

15. If no private veterinarian was used during the previous 12 months, which of the following best describes why not? **[Check one, then skip to item 17]**

₁ Veterinarian available in the local area but not knowledgeable about goats-**SKIP to Item 17**

₂ No veterinarian available in the local area-**SKIP to Item 17**

₃ Too expensive-**SKIP to Item 17**

₄ No veterinarian needed on this operation-**SKIP to Item 17**

₅ Other (specify: _____)-**SKIP to Item 17**

16. Was a private veterinarian consulted for any of the following:

a. Regular or routine visits (e.g. preg checks, herd health visits, health certificate)?..... ₁ Yes ₃ No

b. Emergency calls (e.g. birthing difficulty, multiple sick goats, lameness)?..... ₁ Yes ₃ No

c. Consulted over the phone or by email?..... ₁ Yes ₃ No

d. For Veterinary Feed Directives or medicated water prescriptions?..... ₁ Yes ₃ No

e. I am a veterinarian..... ₁ Yes ₃ No

17. How familiar are you with the meaning of a veterinarian-client-patient relationship (VCPR)? **[Check one]**

₁ Never heard of it

₂ Heard the name but do not know what it means

₃ Have a least a basic understanding of what it means

Show Reference Card A to the producer.

18. How would you describe your VCPR with your veterinarian? **[Check one]**

₁ A written document signed by my veterinarian and me

₂ A verbal agreement between my veterinarian and me

₃ My veterinarian has not formally mentioned a VCPR, but I consider that I have one based on his/her relationship with my operation

₄ No VCPR

SECTION F—BIOSECURITY

1. During the last 12 months, how many visitors came onto your operation? For each type of visitor, also indicate whether or not they had contact with goats on the operation.

“Contact” here can mean touching an animal such as when treatments are given, and “contact” can also mean walking through pens where goats are housed.

[Count each entry onto your operation by each person separately. For example if your usual veterinarian visited your operation 10 times in the last 12 months, enter “10” in the “Number of visitors...”column. If a tour group consisting of 40 people visited your operation, enter “40” in the “Number of visitors...” column.]

	Number of visitors during the last 12 months	Did the visitors typically have contact with goat on your operation?
a. Private or company veterinary	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Federal/State veterinarian or animal health worker	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Extension agent or university veterinarian	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Nutritionist or feed company consultant	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Agricultural tours (school groups, university classes, agritourism, etc.)	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. Customer (private individual) purchasing goats, milk, fiber, meat, cheese, or other goat product	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. Goat wholesaler, buyer, or dealer	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Renderer	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
i. Milk truck driver	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
j. Mobile slaughter teams	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
k. Other agriculture-related visitors (feed delivery and service personnel)	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
l. Other visitors (specify: _____)	<input type="checkbox"/> None	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

2. Did any of the visitors to this operation from the previous 12 months have access to areas or facilities of the farm that house or contain animals, feed, manure, or farm equipment?

₁ Yes-**CONTINUE**

₃ No-**SKIP to Item 4**

3. How often did you require the following measures for these visitors?

	Never	Sometimes	Always
a. Change into clean clothes or coveralls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₃	<input type="checkbox"/> ₅
b. Use a footbath before entry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₃	<input type="checkbox"/> ₅
c. Change into clean boots or use shoe covers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₃	<input type="checkbox"/> ₅

- d. Scrub shoes before or immediately after entry into goat production area ₁ ₃ ₅
- e. Wash hands before handling goats ₁ ₃ ₅
- f. No contact with other livestock for at least 24 hours before visiting your goats ₁ ₃ ₅
- g. Park away from goat area ₁ ₃ ₅

4. During the previous 12 months, did any paid or unpaid workers on this operation, including yourself and family members:

- b. Have goats or other livestock at their home? ₁ Yes ₃ No
- c. Visit the following places:
 - i. Milk, fiber, or other processing plant?..... ₁ Yes ₃ No
 - ii. Goat slaughter facility?..... ₁ Yes ₃ No
 - iii. Other farm where goats are raised (separate from this operation)?..... ₁ Yes ₃ No
 - iv. Facility that sells goats (e.g., auction, flea market, swap meet, live bird market)?..... ₁ Yes ₃ No
 - v. Feed store or feed mill?..... ₁ Yes ₃ No
 - vi. Rendering facility?..... ₁ Yes ₃ No
 - vii. Goat sale, show, or fair?..... ₁ Yes ₃ No

5. During the previous 12 months, were any of the following animals on this operation at any time, or on adjacent operations where fence-line contact was possible?

→ ANSWER BOTH COLUMNS ←

	On this operation	On adjacent operation
d. Domestic goats		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Wild goats	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. Domestic sheep.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. Bighorn sheep	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Cattle	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
i. Horses, donkeys	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
j. Llamas, alpacas.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Pigs.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Poultry (chickens, turkeys, etc.)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. Dogs	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. Cats	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Bison	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
i. Captive deer, elk, or other exotic hoof stock	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

6. During the previous 12 months, how often were the following wild animals and/or signs of wild animals (scat, tracks, etc.) observed on the operation?

	Never	Less than once a month	Once a month or more
a. Predators (e.g., coyotes, bears, wolves, mountain lions)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Raccoons, skunks, opossums	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Deer, elk, moose, antelope	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Wild pigs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SECTION G—MOVEMENT AND MARKETING

1. During the previous 12 months, were any goats or kids added to this operation, excluding kids born on your operation?

₁ Yes-CONTINUE

₃ No- In what year were goats or kids last added to this operation? -SKIP to Item 18

2. Did you require the following prior to arrival, or before commingling, for these newly added goats before introducing them to the rest of your herd? ANSWER BOTH COLUMNS FOR EVERY PRACTICE

ANSWER BOTH COLUMNS

	Required prior to arriving on the operation	Done on the operation before commingling
a. Veterinarian examinations	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Any vaccinations.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Foot trim	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Medicated footbath	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Internal parasite fecal exam	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. Internal parasite treatment (deworming).	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. External parasite treatment.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Inspect goats for abscesses and/or scars from previous abscesses	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
i. Other inspections or treatments (specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

3. During the previous 12 months, did you quarantine any of the newly added goats? ₁ Yes ₃ No

i. If yes, how many days, on average, were **any non-pregnant goats** quarantined? _____ days

ii. If yes, how many days, on average, were **any pregnant goats** quarantined? _____ days None

4. How many **kids** were added to this operation, excluding kids born on the operation, from July 1st, 2018 to June, 30th, 2019?
 _____ Number of kids added None **IF 0 SKIP to Item 7**

5. Of the kids added how many were preweaned kids?
 _____ Number of preweaned kids added

6. How many of these (**item 3**) kids came from the following sources?

- i. Goat wholesaler or dealer? None
- ii. Directly from another premises with primarily dairy goats? None
- iii. Directly from another premises with primarily meat or other goats? None
- iv. Livestock market or Auction (not online)? None
- v. Online sales (craigslist, facebook marketplace, Ebay etc.)? None
- vi. Farm store or feed store? None
- vii. Flea market, farmer’s market, or swap meet? None
- viii. Fair or show? None
- ix. Other? (specify: _____) None

Number of Kids	Number of Shipments

7. During the previous 12 months, were any **adult goats** added to this operation?
₁ Yes-**CONTINUE**

₃ No-**SKIP to Item 18**

8. During the previous 12 months, how many **total does** were added to this operation?
 _____ Number of does added None

9. Of the total does added in the previous 12 months, how many were **pregnant does**?
 _____ Number of pregnant does added None

10. How many of these total **does** (item 10) came from the following sources?

- i. Goat wholesaler or dealer? None
- ii. Directly from another premises with primarily dairy goats? None
- iii. Directly from another premises with primarily meat or other goats? None
- iv. Livestock market or Auction (not online)? None
- v. Online sales (craigslist, facebook marketplace, Ebay etc.)? None
- vi. Farm store or feed store? None

Number of Does	Number of Shipments

- vii. Flea market, farmer's market, or swap meet? None
- viii. Fair or show? None
- ix. Other? (specify: _____) None

11. How many **adult buck goats** were added in the previous 12 months?
 _____ Number of bucks added None

12. How many **adult wether goats** were added in the previous 12 months?
 _____ Number of wethers added None

If items 11 and 12 both =0 Skip to Item 14

13. How many of these **adult bucks or wethers** came from the following sources?

- i. Goat wholesaler or dealer? None
- ii. Directly from another premises with primarily dairy goats? None
- iii. Directly from another premises with primarily meat or other goats? . . . None
- iv. Livestock market or Auction (not online)? None
- v. Online sales (craigslist, facebook marketplace, Ebay etc.)? None
- vi. Farm store or feed store? None
- vii. Flea market, farmer's market, or swap meet? None
- viii. Fair or show? None
- ix. Other? (specify: _____) None

Number of Bucks/wethers	Number of Shipments

14. During the previous 12 months, did any goats or kids leave this operation, attend an event (e.g., fair, show, sale, rodeo, or visit to another operation), and then return to this operation?

- ₁ Yes-**CONTINUE**
- ₃ No-**SKIP to Item 16**

15. During the previous 12 months, when goats or kids temporarily left and returned, did you **isolate** them (prevent nose-to-nose contact with other goats from this operation and prevent sharing of feed, drinking water, and equipment) for any period of time prior to re-introduction to the herd?

- ₁ Never isolate-**SKIP to Item 16**
- ₂ Only isolate for a specific reason such as exposure to disease-**SKIP to Item 16**
- ₃ Routinely isolate after returning to operation-**CONTINUE**

a.If goats or kids were routinely isolated after returning to the operation, what was the **minimum** number of days these returning goats or kids were isolated? .

Days

--

16. During the previous 12 months, were any live goats or kids permanently

removed from this operation? [Exclude goats or kids that died or were home slaughtered for your own consumption.]..... ₁ Yes ₃ No

[If item 16 = No, SKIP to section H.]

17. How many live goats or kids were permanently removed from this operation during the previous 12 months? [Exclude live goats or kids that died or were home slaughtered for your own consumption.]
- a. Goats (1 year old and older)..... None _____ #
 - b. Kids (under 1 year old)..... None _____ #
 - c. Total goats and kids removed from this operation [Add items 10a–10b.]..... _____ #

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

	Goats removed	Kids removed
a. Direct sales to consumer or ethnic market?.....	_____	_____ #
i. Of these direct sales, how many were slaughtered on the operation?.	_____	_____ #
b. Direct sales to slaughter plant/packer?.....	_____	_____ #
c. Taken to slaughter plant with retained ownership?.....	_____	_____ #
d. Direct sales to another goat producer (not backgrounder)?.....	_____	_____ #
e. Direct sales to another goat producer for backgrounding (feeding for slaughter)?.....	_____	_____ #
f. Auction/sale barn?.....	_____	_____ #
g. Buyer/dealer?.....	_____	_____ #
h. Other? (specify: _____).....	_____	_____ #
i. Total [Add items 11a–11h; should equal items 21a and 21b.].....	_____	_____ #

19. Of the permanently removed goats and kids, how many were moved:

- a. In state? None _____ # head
- b. Out-of-state? None _____ # head
- c. Don't know? None _____ # head
- d. Total (should equal items 21c) None _____ # head

20. Of the permanently removed adult goats reported in item 21a, how many were considered to be:

- a. Culled breeding does?..... None _____ # does
- b. Culled breeding bucks?..... None _____ # bucks
- c. Other culled goats? None _____ # other goats
- d. Total culled adult goats removed from operation [Add items 13a–13c – should equal 10a.]..... _____ # total goats

21. Of the adult goats that were culled during the previous 12 months, how many head or what percent had a herd identification (e.g., farm name, farm logo, or a number unique to the farm on an ear tag, next color, or other device) when they left this operation?

Head	OR	Percent

22. How many of the culled breeding does (item 20a) were culled primarily due to the following issues?

- d. Old age/teeth problems?
- e. Buck breeding performance?
- f. Economic issues (e.g., drought, herd reduction, market conditions)?
- g. Other? (specify: _____)

Years

--

25. What was the average age in years of these culled bucks?

26. For all culled goats described above were the following recorded?

a. Reasons for culling?

₁ Yes

₃ No

SECTION H—IDENTIFICATION

1. We will now ask about use of various types of ID, such as ear tag, tattoo, collar, ear notch, leg band, brand, microchip, physical characteristics, or other identification. We would like to know if the type of ID was used as an individual animal ID, which means each animal has its own unique ID, and if the type of ID was used as a herd ID, which means all animals have the same ID.

Do any of the goats currently on this operation have an ear tag, tattoo, collar, ear notch, leg band, brand, microchip, or other identification device that identifies them?

₁ Yes-**CONTINUE**

₃ No-**SKIP to SECTION I**

ID Code List for Item 2.

1= Goat number/name 2= Herd number/name 3= Both goat and herd number/name 4=ID type not used

2. Which of the following methods are used to identify goats on your operation? Record the code that best describes what information was included on the tag.

ID Type

Code

a. Tattoo	
b. Collar or leg band	
c. Ear notch	
d. Hot-iron or freeze brand	
e. Paint brand	
f. Electronic ID or microchip	
g. Scrapie program ear tag	
h. Other official ear tag with a USDA shield	
i. Ear tag other than Scrapie program or official USDA ear tag (e.g., plastic ear tag)	

j. Physical characteristics (should be individual animal only)	
k. Other ID (specify: _____)	

3. Has this operation been assigned a unique herd ID as a part of the National Scrapie Eradication Program (Scrapie PIN)? ₁ Yes ₃ No ₄ Don't know

SECTION I—FIBER PRODUCTION

1. Were any of your goats or kids shorn, clipped, or combed for fiber during the previous 12 months (July 1, 2018, through June 30, 2019)?

- ₁ Yes-**CONTINUE**
₃ No-**SKIP to SECTION J**

2. Please report, by type of fiber, the number of goats and kids clipped during the previous 12 months.
 • Report goats and kids only once, even if clipped multiple times.

- a. Cashmere
- b. Mohair (angora goat)
- c. Pygora
- d. Other (specify: _____)

Head

3. Did you sell or trade any fiber during the previous 12 months?

- ₁ Yes-**CONTINUE**
₃ No-**SKIP to Item 5**

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

- a. Direct sales to consumers in person?
- b. Direct sales to consumers via internet?
- c. Direct sales to mill buyer?
- d. Cooperative pools?
- e. Commercial warehouses?
- f. Other (specify: _____)?
- Total**

Percent
%
%
%
%
%
%
%
100%

5. During the previous 12 months, were goats or kids shorn, clipped, or combed by:

- a. Employees of the operation, including the owner?..... ₁ Yes ₃ No
- b. Contracted crew?..... ₁ Yes ₃ No
- c. Hired individual?..... ₁ Yes ₃ No
- d. Other? (specify: _____)..... ₁ Yes ₃ No

6. During the previous 12 months, which of the following describes the usual treatment of clippers, shears, or

combs between goats? **[Check one]**

- ₁ Washed with soap and water and disinfected
- ₂ Washed using only soap and water
- ₃ No cleaning or disinfecting
- ₄ Don't know
- ₄ Other (specify: _____)

SECTION J—OFFICE USE

1. For operations that complete this questionnaire request signature on CONSENT FORM to be contacted for participation in Phase 2 of the study
2. If CONSENT FORM is signed, provide comments below to describe the respondent location and any other comments that will be helpful for future contact.
3. Interview response code:
 - ₁ Complete, Consent Form signed-**SKIP to Item 5**

- ₂ Complete, Consent Form refused-**CONTINUE**
- ₃ Zero goats on hand July 1, 2019-**SKIP to Item 5**
- ₄ Out of business-**SKIP to Item 5**
- ₅ Refused General Goat Management Questionnaire-**CONTINUE**
- ₆ Out of scope-**SKIP to Item 5**
- ₇ Office hold-**SKIP to Item 5**
- ₈ Inaccessible-**SKIP to Item 5**

4. Check refusal response code:

- ₁ Does not want to commit time to the project
- ₂ Does not want involvement with government veterinarian or has had previous bad experience with veterinarian
- ₃ Does not have necessary records available
- ₄ Has participated in too many surveys
- ₅ Does not want outside people on the goat operation
- ₆ A bad time of year (planting, harvesting, second job, etc.)
- ₇ Currently has or recently had disease problem with herd
- ₈ Believes that surveys and reports hurt the farmer more than help
- ₉ Could not get owner's permission
- ₁₀ No reason given or other miscellaneous reason

5. Did the respondent use written or computerized records to assist in answering this survey?..... ₁ Yes ₃ No

6. Comments:

ENDING TIME [MILITARY]

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Respondent Name: _____ **Phone:** _____

Response		Respondent		Mode		Enum.	Eval.	Office Use for POID	
1- Comp 2-R 3- Inac 4- Office Hold 5-R – Est 6- Inac – Est 7- Off Hold – Est 8-Known Zero	9901	1-Op/ Mgr 2- Sp 3-Acct/ Bkpr 4- Partner 9-Oth	9902	1- Mail 2-Tel 3-Face-to- Face 4-CATI 5-Web 6-e- mail 7- Fax 8-CAPI 19-Other	9903	098	100	789	

								Optional Use	
								407	408
S/E Name									

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 time required to complete this information collection is estimated to average 50 minutes per response.

Reference Card A

The FDA definition of a “valid veterinarian-client-patient relationship” (VCPR). States can have their own definition of a VCPR as well.

1. A veterinarian has assumed the responsibility for making medical judgments regarding the health of (an) animal(s) and the need for medical treatment, and the client (the owner of the animal or animals or other caretaker) has agreed to follow the instructions of the veterinarian;
2. There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s), and;
3. The practicing veterinarian is readily available for followup in case of adverse reactions or failure of the regimen of therapy. Such a relationship can exist only when the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of examination of the animal(s), and/or by medically appropriate and timely visits to the premises where the animal(s) are kept.