

**NAHMS Goat 2019**

**Dairy Operation**

**Questionnaire**

National Animal Health Monitoring System

2150 Centre Ave, Bldg B

Fort Collins, CO 80526

Form Approved

OMB Number 0579-0354

Approval expires: xxxx

Animal and Plant

Health Inspection

Service

Veterinary

Services

**NAHMS-453**

# Date

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 0579-0326. The time required to complete this information collection is estimated to average 1.0 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

# Section H— Dairy Inventory

1. Did you milk any does during the previous 12 months? d101 1 Yes 3 No

**[If question 1 = No, go to Section O]**

2. How many total dairy goats (does), whether dry or in milk, were

present on September 1, 2019? d102 \_\_\_\_\_ head

**[If question 2 is less than 5 head, go to Section O]**

3. How many total dairy goats (does) were **milked** on this operation

on September 1, 2019? d103 \_\_\_\_\_ head

4. The number of **dry dairy adult does** on September 1, 2019, was:

*[question 2 - question 3]* d104 \_\_\_\_\_ head

5. How many first-lactation does born on this operation were

added to the milking herd from September 1, 2018, through August 31, 2019?

*[Include kid does raised off site.]* d105 \_\_\_\_\_ head

6. How many purchased/leased **does** were added to the

milking herd from September 1, 2018, through August 31, 2019? d106 \_\_\_\_\_ head

7. How many adult dairy does were permanently removed from the

herd from September 1, 2018, through August 31, 2019?

*[Exclude does that died.]* d107 \_\_\_\_\_ head

8. How many adult dairy does died from September 1, 2018,

through August 31, 2019? d108 \_\_\_\_\_ head

9. What was the peak number of does milked on this operation

at any time from September 1, 2018, through August 31, 2019? d109 \_\_\_\_\_ head

10. Is the milk produced on your operation weighed

1 Daily 2 Monthly 3 Less frequently than monthly 4 Never (skip to section B)

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11. What is the average milk production (in pounds) per doe? d110a/ d110b \_\_\_\_lb/year **OR** \_\_\_lb/day

*[Answer in annual milk production per doe or pounds per doe per day.]*

(Note: One gallon = 8.6 lb.)

# Section I—General Management

1. Of the total number of dairy goats on this operation on September 1, 2019,

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what percentage were registered with a breed association? d201 \_\_\_\_\_ %

2. During the previous 12 months, did this operation

produce any certified organic dairy milk? d202 1 Yes 3 No

3. During the previous 12 months, did your operation milk any dairy **cows**? d204 1 Yes 3 No

4. What is the average number of days post kidding

that does are put into the milking string? d205 \_\_\_\_\_ d

5. What is the average length of lactation (days milked) for the

majority of your does? d206 \_\_\_\_\_ d

6. What is the maximum length of lactation (days milked) for

any doe milked in the last 12 months? d207 \_\_\_\_\_ d

(Note: Some does could have been milked for more than 365 days.)

7. What is the average number of days does are dry? d208 \_\_\_\_\_ d

# Section J—Kidding Management

1. During the previous 12 months, what was the average kidding interval

(in months) for dairy does? *[Kidding interval is the time from one*

*kidding to the next kidding for an individual doe.].* d301 \_\_\_\_\_ mo

2. During the previous 12 months, what was the average age (in months)

of dairy does at the time of first kidding? d302 \_\_\_\_\_ mo

3. During the previous 12 months, did this operation use any of the

following methods to estimate colostrum quality?

a. Visual appearance d303 1 Yes 3 No

b. Volume of first milking colostrum (in pounds) d304 1 Yes 3 No

c. Colostrometer d305 1 Yes 3 No

d. Brix refractometer (handheld measuring device) d306 1 Yes 3 No

e. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d306oth d306 1 Yes 3 No

4. What is the typical feeding protocol during the first 4 weeks of life?

|  |  |  |  |
| --- | --- | --- | --- |
| **Milk Consumption Record** | | |  |
| **Kid week of life** | **Amount of milk offered at each feeding** (ounces ) | **Frequency**  (times per day) |  |
| 1st | 1  Left with dam **OR** \_\_\_\_\_ oz |  | d309/d313/d317/d321 |
| 2nd | 1  Left with dam **OR** \_\_\_\_\_ oz |  | d310/d314/d318/d322 |
| 3rd | 1  Left with dam **OR** \_\_\_\_\_ oz |  | d311/d315/d319/d323 |
| 4th | 1  Left with dam **OR** \_\_\_\_\_ oz |  | d312/d316/d320/d324 |

# Section K—Milk Marketing

1. During the previous 12 months, what percentage of the milk

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produced on this operation was:

a. Fed to kids? d401 \_\_\_\_\_\_ %

b. Fed to other livestock on this operation? d402 \_\_\_\_\_\_ %

c. Consumed as unpasteurized/raw milk by employees or family? d403 \_\_\_\_\_\_ %

d. Consumed as pasteurized milk by employees or family? d404 \_\_\_\_\_\_ %

e. Made into cheese on the farm? d405 \_\_\_\_\_\_ %

f. Made into other milk products (e.g., candy, yogurt, ice cream, soap)

on the farm? d406 \_\_\_\_\_\_ %

g. Sold, traded, or given away as liquid milk? d407 \_\_\_\_\_\_ %

100%

**[If question 1g = 0, SKIP to question 3.]**

2. What percentage of **liquid milk** was sold, traded, or given away for:

a. Human consumption? d408 \_\_\_\_\_\_ %

b. Pet consumption? d409 \_\_\_\_\_\_ %

c. Livestock consumption? d410 \_\_\_\_\_\_ %

d. Making into cheese? d411 \_\_\_\_\_\_ %

e. Making into other milk products (e.g., candy, yogurt, ice cream, soap)? d412 \_\_\_\_\_\_ %

100%

**Cheese or other**

**Milk** **milk products**

3. During the previous 12 months, were any goat milk or

milk products sold, traded, or given away? d413/d414 1 Yes 3 No 1 Yes 3 No

**If Yes, were the products sold, traded or given away:**

a. Directly to the public (including Internet sales,

farmers’ markets, etc.)? d415/d420 1 Yes 3 No 1 Yes 3 No

b. To retail establishments, restaurants, or

other commercial sales? d416/d421 1 Yes 3 No 1 Yes 3 No

c. To a cooperative or as part of a cooperative? d417/d422 1 Yes 3 No 1 Yes 3 No

d. To a wholesaler, dealer, or processor

(e.g., cheese plant)? d418/d423 1 Yes 3 No 1 Yes 3 No

e. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_) d419oth d419/d424 1 Yes 3 No 1 Yes 3 No

4. During the previous 12 months, did the buyer(s) of the **goat milk**

**or goat milk products** ever pay a premium for:

a. High protein content? d425 1 Yes 3 No

b. Low bacteria counts? d426 1 Yes 3 No

c. Low somatic cell count? d427 1 Yes 3 No

d. Out-of-season milk? d428 1 Yes 3 No

e. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d429oth d429 1 Yes 3 No

5. 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.]* d430 1 Yes 3 No

6. During the previous 12 months, did you market any goat milk or

goat milk products intended for raw (unpasteurized) human

consumption? *[Include direct purchase and goat shares.]* d431 1 Yes 3 No

7. During the previous 12 months, did this operation participate in a:

a. Dairy Herd Improvement Association (DHIA) program? d432 1 Yes 3 No

b. Quality assurance program (a program to improve milk

product quality through assessments and monitoring)? d433 1 Yes 3 No

# Section L—Milking Procedures

1. What is the primary method by which does are milked on this operation?

*[Check one only.]* d501

1 Hand

2 Machine—bucket milker

3 Machine—pipeline

**[If question 1 = 1 or 2, SKIP to question 3.]**

2. Which of the following best describes the primary milking parlor on this operation?

*[Check one only.]* d502

1 Side by side (parallel)

2 Herringbone (fishbone)

3 Rotary (carousel)

4 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d502oth

3. How many times per day were does **usually** milked during the previous 12 months?

*[Check one only.]* d503

1 Less often than once a day

2 Once a day

3 Twice a day

4 More often than twice a day

4. Who milked the majority of does on this operation during the previous 12 months?

*[Check one only.]* d504

1 Owner(s)/operator(s)

2 Family member(s) of owner

3 Hired worker(s) (nonfamily member)

4 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d504oth

5. During the previous 12 months, how often did milkers

wear disposable gloves when milking? d505 1 Always2 Sometimes 3 Never

6. How frequently are milkers trained on milking procedures?

*[Check one only.]* 506

1 As new milkers only

2 Less often than once a year

3 Once a year

4 More often than once a year

5 No training for milkers

7. Does this operation clip/singe the hair on udders of milking does? d507 1 Yes 3 No

|  |  |
| --- | --- |
| **Codes for question 8** | |
| 1 = At each milking | 4 = Other (specify: ) d508oth |
| 2 = At least once a day | 5 = Not performed |
| 3 = At least once a week |  |

8. During the previous 12 months, which frequency best describes

this operation’s use of forestripping for:

**Code**

1. Fresh does d508 \_\_\_\_\_
2. Does with mastitis d509 \_\_\_\_\_
3. All other does d510 \_\_\_\_\_

**[If questions 8a, 8b, 8c ALL = 5, SKIP to question 10.]**

9. When was forestripping performed? *[Check one only.]* d511

1 Before teat washing

2 After teat washing

3 No teat washing

**[If question 9 = 3 (No teat washing), SKIP to question 11.]**

10. During the previous 12 months, which of the following best describes

how teats were usually **washed** prior to milking? *[Check one only.]* d512

1 No washing

2 Commercial udder/ teat wipes

3 Udder/teat wash or disinfectant solution used with single-use cloth/paper towels

4 Udder/teat wash or disinfectant solution used with multiple-use cloth/paper towels

5 Washed with water only

 6 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d512oth

11. During the previous 12 months, which of the following best describes

how teats were usually **dried** prior to milking? *[Check one only.]* d513

1 Teats not dried prior to milking

2 Single-use cloth/paper towel

3 Multiple-use cloth/paper towel

4 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d513oth

12. During the previous 12 months, were teats typically

pre-dipped prior to milking? d514 1 Yes 3 No

13. During the previous 12 months, which of the following best describes

the primary post-milking procedure used for teat disinfection?

*[Check one only.]* d515

1 Dip teats with commercial postdip product

2 Dip teats with nonlabeled/homemade solution

3 Spray teats with commercial postdip product

4 Foam teats with commercial postdip

5 No post-milking teat disinfection

6 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d515oth

14. Which of the following best describes the order in which goats are milked?

*[Check one only.]* d516

1 No particular order

2 Based on age only

3 Based on health only

4 Based on age and health

5 Based on production level

6 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d516oth

# Section M—Milk Quality

1. During the previous 12 months, did you routinely perform

somatic cell count (SCC) testing on the milk from your herd? d601 1 Yes 3 No

**[If question 1 = No, SKIP to question 3.]**

2. What was the herd average somatic cell count (cells/mL)

for milk tested during the previous 12 months? d602 \_\_\_\_\_,000

1. During the previous 12 months, how frequently

did this operation test milk on-farm

for antibiotic residues? d603 1 Always 2 Sometimes 3 Never 4  NA (no antibiotics used)

**[If question 3 = Never or NA, SKIP to question 6.]**

4. Which of the following antibiotic residue testing kits did this operation use

most commonly during the previous 12 months? *[Check one only.]* d604

1 Snap® kit (beta lactam or tetracycline)

2 Delvotest®

3 CITE Probe®

4 Charm Farm

5 Pensyme® Milk Test

6 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d604oth

5. Were milk samples tested for antibiotic residues from:

a. Fresh does? d605 1 Yes 3 No 4 NA (fresh does not milked or not treated)

b. Individual does recently treated with antibiotics? d606

1 Yes 3 No 4 NA (removed from milking herd or no does treated)

c. Bulk tank—before processor pickup? d607 1 Yes 3 No 4 NA (no bulk tank)

d. String samples (samples representing a group/pen of does) d608 1 Yes 3 No

e. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d609oth d609 1 Yes 3 No

6. During the previous 12 months, were any cultures

performed on milk produced by this operation? d610 1 Yes 3 No

**[If question 6 = No, SKIP to question 11.]**

7. During the previous 12 months, were milk cultures

performed on the following:

a. Milk from individual does? d611 1 Yes 3 No

b. Bulk-tank milk? d612 1 Yes 3 No 4 NA (no bulk tank)

c. String samples (samples representing a group/pen of does)? d613 1 Yes 3 No

**[If question 7a = No, SKIP to question 9.]**

8. During the previous 12 months, what type of does were typically

selected for milk culturing?

a. Fresh does d614 1 Yes 3 No

b. All clinical mastitis cases d615 1 Yes 3 No

c. Chronic clinical mastitis cases d616 1 Yes 3 No

d. Clinical mastitis cases that did not respond to treatment d617 1 Yes 3 No

e. High somatic cell count does d618 1 Yes 3 No

f. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d619oth d619 1 Yes 3 No

9. During the previous 12 months, were any of the milk cultures performed by:

a. Farm personnel, done on-farm? d620 1 Yes 3 No

b. A State or university diagnostic laboratory? d621 1 Yes 3 No

c. A commercial lab? d622 1 Yes 3 No

d. A private veterinary lab (veterinary clinic)? d623 1 Yes 3 No

10. During the previous 12 months, were any of the following

organisms identified from milk that was cultured?

a. Coagulase neg staph (CNS) non-*aureus* d624 1 Yes 2 DK 3 No

b. *Staph. aureus* d625 1 Yes 2 DK 3 No

c. *Mannheimia* spp. (*Pasteurella*) d626 1 Yes 2 DK 3 No

d. *Mycoplasma* spp.d6271 Yes 2 DK 3 No

e. *E. coli/Pseudomonas/Klebsiella* other gram neg d628 1 Yes 2 DK 3 No

f. *Strep. Agalactiae* d6291 Yes 2 DK 3 No

g. Environmental strep (*Strep.* spp.) non-*agalactiae* d630 1 Yes 2 DK 3 No

h. Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d631oth d631 1 Yes 2 DK 3 No

11. During the previous 12 months, by which method were goats

with clinical mastitis usually milked? *[Check one only.]* d632

1 No known does with mastitis in the previous 12 months

2 NA (any does with mastitis are dried off)

3  At the end of milking

4 In a separate string from healthy goats

5 Using a separate milking unit from healthy goats

6 No specific procedure followed

7 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d632oth

**[If question 11 = 1 (no known mastitis does), SKIP to section N.]**

12. During the previous 12 months, did the mastitis treatment protocol involve:

**Treatment**

a. Intramammary (IMM) antibiotics (exclude dry doe treatment)? d633 1 Yes 3 No

i. IF yes, number of does treated with IMM antibiotics: \_\_\_\_\_\_\_ # does

b. Oral or injectable antibiotics? d634 1 Yes 3 No

c. Organic/homeopathic remedies? d635 1 Yes 3 No

d. Pain medications (anti-inflammatories, analgesics)? d636 1 Yes 3 No

e. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d637oth d637 1 Yes 3 No

**Management**

f. Frequent stripping of affected udder half? d638 1 Yes 3 No

g. Early dry-off? d639 1 Yes 3 No

h. Moving does to a separate milking pen? d640 1 Yes 3 No

i. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d641oth d641 1 Yes 3 No

**[If question 12a = No (no IMM antibiotics used), SKIP to section N.]**

13. Treatment with IMM antibiotics for mastitis was based on:

a. Veterinary recommendation d642 1 Yes 3 No

b. Recommendation from other producers d643 1 Yes 3 No

b. Previous treatment effectiveness d644 1 Yes 3 No

c. Previous culture and antimicrobial sensitivity results d645 1 Yes 3 No

d. Individual doe culture results before therapy d646 1 Yes 3 No

e. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d647oth d647 1 Yes 3 No

14. Of does treated during the previous 12 months with IMM antibiotics for

Mastitis (Q12 ai), what percentage were given the following antibiotics and what

withdrawal time was used for each?

**Withdrawal**

**Percent time** (d)

a. Spectramast® LC (ceftiofur hydrochloride) d648/d657 \_\_\_\_\_ \_\_\_\_\_

b. ToDay® /Cefa-Lak® (cephapirin) d649/d658 \_\_\_\_\_ \_\_\_\_\_

c. DariClox® (cloxacillin) d650/d659 \_\_\_\_\_ \_\_\_\_\_

d. Pirsue® (pirlimycin hydrochloride) d651/d660 \_\_\_\_\_ \_\_\_\_\_

e. Masti-Clear™ (penicillin) d652/d661 \_\_\_\_\_ \_\_\_\_\_

f. Polymast™ (hetacillin potassium) d653/d662 \_\_\_\_\_ \_\_\_\_\_

g. Amoximast® (amoxicillin) d654/d663 \_\_\_\_\_ \_\_\_\_\_

h. Hetacin-K® (hetacillin potassium) d655d664 \_\_\_\_\_ \_\_\_\_\_

i. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d656oth d656/d665 \_\_\_\_\_ \_\_\_\_\_

Total ≥100%

15. How were IMM antibiotics typically administered to mastitic does?

*[Check one only.]* d666

1 The whole tube administered into one teat

2 A tube split between the two teats

3  Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d666oth

# Section N—Dry Doe Procedures

1. During the previous 12 months, what percentage of does were

dried off based on the following protocols?

a. Set schedule (e.g., so many days prior to kidding) d701 \_\_\_\_\_ %

b. Milk production level d702 \_\_\_\_\_ %

c. Presence of mastitis or high somatic cell count d703 \_\_\_\_\_ %

d. Other reason (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d704oth d704 \_\_\_\_\_ %

Total 100%

2. During the previous 12 months, what percentage of does were

dried off using the following methods?

a. Abruptly stop milking d705 \_\_\_\_\_ %

b. Skip milkings before complete dry off

(e.g., milk once a day for a number of days) d706 \_\_\_\_\_ %

c. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d707oth d707 \_\_\_\_\_ %

Total 100%

3. During the previous 12 months, which of the following management

practices did this operation routinely use at dry off?

a. Perform California Mastitis Test (CMT) or other individual-doe

SCC test d708 1 Yes 3 No

b. Reduce the quality/energy content of feed d709 1 Yes 3 No

c. Reduce access to feed d710 1 Yes 3 No

d. Reduce access to water d711 1 Yes 3 No

4. During the previous 12 months, were intramammary antibiotics

used at dry off on any does? d712 1 Yes 3 No

**[If question 4 = No, SKIP to question 8.]**

5. During the previous 12 months, approximately what percentage

of does were treated with dry-doe IMM antibiotics at dry off? d713 \_\_\_\_\_ %

**[If question 5 = 100% SKIP to question 7.]**

6. Were IMM antibiotics given to any does at dry off because of:

a. High somatic cell count (SCC)? d714 1 Yes 3 No

b. History of mastitis (clinical/chronic)? d715 1 Yes 3 No

c. Low milk production? d716 1 Yes 3 No

d. Adverse weather? d717 1 Yes 3 No

e. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d718oth d718 1 Yes 3 No

7. Of does treated during the previous 12 months with dry-doe IMM

antibiotics, what percentage were given the following antibiotics

and what withdrawal time was used for each?

**Withdrawal**

**Percent time** (d)

a. Spectramast® DC (ceftiofur hydrochloride) d719/d728 \_\_\_\_\_ \_\_\_\_\_

b. Tomorrow®/Cefa-Dri (cephapirin benzathine) d720/d729 \_\_\_\_\_ \_\_\_\_\_

c. Bovaclox™, Dry-Clox®, Dry-Clox® intramammary

infusion, Orbenin®-DC (cloxacillin benzathine) d721/d730 \_\_\_\_\_ \_\_\_\_\_

d. Gallimycin-Dry (erythromycin) d722/d731 \_\_\_\_\_ \_\_\_\_\_

e. Biodry® (novobiocin) d723/d732 \_\_\_\_\_ \_\_\_\_\_

f. Vet Go Dry™/ Hanford’s US (penicillin G procaine) d724/d733 \_\_\_\_\_ \_\_\_\_\_

g. Quartermaster® Dry Doe Treatment (penicillin G

procaine/dihydrostreptomycin) d725/d734 \_\_\_\_\_ \_\_\_\_\_

h. Albadry Plus® Suspension (penicillin G

procaine/novobiocin) d726/d735 \_\_\_\_\_ \_\_\_\_\_

i. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) d727oth d727/d736 \_\_\_\_\_ \_\_\_\_\_

Total *[may be >100% if used more than one at dry off] ≥ 100%*

8. During the previous 12 months, were internal or external

teat sealants used at dry off on any does? d737 1 Yes 3 No