



Animal and Plant Health Inspection Service

Veterinary Services

# 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**

### Section H— Dairy Inventory

1. Did you milk any does during the previous 12 months?.....d101  Yes  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

Daily  Monthly  Less frequently than monthly  Never (skip to section B)

11. What is the average milk production (in pounds) per doe?<sup>d110a/ d110b</sup> \_\_\_\_\_ lb/year **OR** \_\_\_\_\_ lb/day  
*[Answer in annual milk production per doe or pounds per doe per day.]*

(Note: \_\_\_\_\_)

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1. Of the total number of dairy goats on this operation on September 1, 2019, what percentage were registered with a breed association?.....<sup>d201</sup> \_\_\_\_\_ %
2. During the previous 12 months, did this operation produce any certified organic dairy milk?.....<sup>d202</sup> <sub>1</sub> Yes <sub>3</sub> No
3. During the previous 12 months, did your operation milk any dairy **cows**?...<sup>d204</sup> <sub>1</sub> Yes <sub>3</sub> No
4. What is the average number of days post kidding that does are put into the milking string?.....<sup>d205</sup> \_\_\_\_\_ d
5. What is the average length of lactation (days milked) for the majority of your does?.....<sup>d206</sup> \_\_\_\_\_ d
6. What is the maximum length of lactation (days milked) for any doe milked in the last 12 months?.....<sup>d207</sup> \_\_\_\_\_ d  
 (Note: Some does could have been milked for more than 365 days.)
7. What is the average number of days does are dry?.....<sup>d208</sup> \_\_\_\_\_ 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.]*.....<sup>d301</sup> \_\_\_\_\_ mo
2. During the previous 12 months, what was the average age (in months) of dairy does at the time of first kidding?.....<sup>d302</sup> \_\_\_\_\_ mo
3. During the previous 12 months, did this operation use any of the following methods to estimate colostrum quality?
  - a. Visual appearance.....<sup>d303</sup> <sub>1</sub> Yes <sub>3</sub> No
  - b. Volume of first milking colostrum (in pounds).....<sup>d304</sup> <sub>1</sub> Yes <sub>3</sub> No
  - c. Colostrometer.....<sup>d305</sup> <sub>1</sub> Yes <sub>3</sub> No
  - d. Brix refractometer (handheld measuring device).....<sup>d306</sup> <sub>1</sub> Yes <sub>3</sub> No
  - e. Other (specify: \_\_\_\_\_) <sup>d306oth</sup>.....<sup>d306</sup> <sub>1</sub> Yes <sub>3</sub> No

4. What


Kid week or time	(ounces )	(times per day)	
1 <sup>st</sup>	<input type="checkbox"/> 1 Left with dam <b>OR</b> _____ OZ		d309/d313/d317/d321
2 <sup>nd</sup>	<input type="checkbox"/> 1 Left with dam <b>OR</b> _____ OZ		d310/d314/d318/d322
3 <sup>rd</sup>	<input type="checkbox"/> 1 Left with dam <b>OR</b> _____ OZ		d311/d315/d319/d323
4 <sup>th</sup>	<input type="checkbox"/> 1 Left with dam <b>OR</b> _____ OZ		d312/d316/d320/d324

### Section K—Milk Marketing

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

- |  | Milk   | Cheese or other<br>milk products   |
|--|--|--|
| 3. During the previous 12 months, were any goat milk or milk products sold, traded, or given away?.....d413/d414 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |

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

a.	
----	--

- |  |  |  |
|--|--|--|
| b. To retail establishments, restaurants, or other commercial sales?.....d416/d421 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| c. To a cooperative or as part of a cooperative?d417/d422                          | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| d. To a wholesaler, dealer, or processor (e.g., cheese plant)?.....d418/d423       | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| e. Other? (specify: _____) d419oth.....d419/d424                                   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> 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           | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| b. Low bacteria counts?.....d426            | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| c. Low somatic cell count?.....d427         | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| d. Out-of-season milk?.....d428             | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| e. Other? (specify: _____) d429oth.....d429 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> 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
- |  |  |  |
|--|--|--|
|  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> 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
- |  |  |  |
|--|--|--|
|  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
|--|--|--|
7. During the previous 12 months, did this operation participate in a:
- |   |  |  |
|---|--|--|
| a. Dairy Herd Improvement Association (DHIA) program?.....d432  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| b. Quality assurance program (a program to improve milk product quality through assessments and monitoring)?.....d433 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |

## Section L—Milking Procedures

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1. What is the primary method by which does are milked on this operation?  
*[Check one only.]* d501
- <sub>1</sub> Hand
- <sub>2</sub> Machine—bucket milker
- <sub>3</sub> 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
- <sub>1</sub> Side by side (parallel)
- <sub>2</sub> Herringbone (fishbone)
- <sub>3</sub> Rotary (carousel)
- <sub>4</sub> Other (specify: \_\_\_\_\_) d502oth

3. How many times per day were does **usually** milked during the previous 12 months?  
*[Check one only.]* d503
- <sub>1</sub> Less often than once a day
- <sub>2</sub> Once a day
- <sub>3</sub> Twice a day
- <sub>4</sub> 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
- <sub>1</sub> Owner(s)/operator(s)
- <sub>2</sub> Family member(s) of owner
- <sub>3</sub> Hired worker(s) (nonfamily member)
- <sub>4</sub> Other (specify: \_\_\_\_\_) d504oth

5. During the previous 12 months, how often did milkers wear disposable gloves when milking?.....d505      <sub>1</sub> Always   <sub>2</sub> Sometimes   <sub>3</sub> Never

6. How frequently are milkers trained on milking procedures?  
*[Check one only.]* 506
- <sub>1</sub> As new milkers only
- <sub>2</sub> Less often than once a year
- <sub>3</sub> Once a year
- <sub>4</sub> More often than once a year
- <sub>5</sub> No training for milkers



7. Does this operation clip/sing the hair on udders of milking does?.....d507 <sub>1</sub> Yes <sub>3</sub> 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:

- |                                 | <b>Code</b> |
|---------------------------------|-------------|
| a. Fresh does..... d508         | _____       |
| b. Does with mastitis..... d509 | _____       |
| c. All other does ..... d510    | _____       |

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

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

- <sub>1</sub> Before teat washing
- <sub>2</sub> After teat washing
- <sub>3</sub> 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

- <sub>1</sub> No washing
- <sub>2</sub> Commercial udder/ teat wipes
- <sub>3</sub> Udder/teat wash or disinfectant solution used with single-use cloth/paper towels
- <sub>4</sub> Udder/teat wash or disinfectant solution used with multiple-use cloth/paper towels
- <sub>5</sub> Washed with water only
- <sub>6</sub> 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

- <sub>1</sub> Teats not dried prior to milking
- <sub>2</sub> Single-use cloth/paper towel
- <sub>3</sub> Multiple-use cloth/paper towel
- <sub>4</sub> Other (specify: \_\_\_\_\_) d513oth

12. During the previous 12 months, were teats typically pre-dipped prior to milking?.....d514 <sub>1</sub> Yes <sub>3</sub> 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

- <sub>1</sub> Dip teats with commercial postdip product
- <sub>2</sub> Dip teats with nonlabeled/homemade solution
- <sub>3</sub> Spray teats with commercial postdip product
- <sub>4</sub> Foam teats with commercial postdip
- <sub>5</sub> No post-milking teat disinfection
- <sub>6</sub> Other (specify: \_\_\_\_\_) d515oth

14. Which of the following best describes the order in which goats are milked? [Check one only.]

d516

- <sub>1</sub> No particular order
- <sub>2</sub> Based on age only
- <sub>3</sub> Based on health only
- <sub>4</sub> Based on age and health
- <sub>5</sub> Based on production level
- <sub>6</sub> Other (specify: \_\_\_\_\_) d516oth

### Section M—Milk Quality

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1. During the previous 12 months, did you routinely perform somatic cell count (SCC) testing on the milk from your herd?.....d601 <sub>1</sub> Yes <sub>3</sub> 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

3. During the previous 12 months, how frequently did this operation test milk on-farm for antibiotic residues?.....d603 <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never <sub>4</sub> 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

- <sub>1</sub> Snap® kit (beta lactam or tetracycline)
- <sub>2</sub> Delvotest®
- <sub>3</sub> CITE Probe®
- <sub>4</sub> Charm Farm
- <sub>5</sub> Pensyme® Milk Test



- <sub>6</sub> Other (specify: \_\_\_\_\_) d604oth
5. Were milk samples tested for antibiotic residues from:
- a. Fresh does?.....d605      <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA (fresh does not milked or not treated)
  - b. Individual does recently treated with antibiotics? d606  
<sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA (removed from milking herd or no does treated)
  - c. Bulk tank—before processor pickup?.....d607      <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA (no bulk tank)
  - d. String samples (samples representing a group/pen of does).....d608      <sub>1</sub> Yes    <sub>3</sub> No
  - e. Other? (specify: \_\_\_\_\_) d609oth.....d609      <sub>1</sub> Yes    <sub>3</sub> No
6. During the previous 12 months, were any cultures performed on milk produced by this operation?.....d610      <sub>1</sub> Yes    <sub>3</sub> 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      <sub>1</sub> Yes    <sub>3</sub> No
  - b. Bulk-tank milk?.....d612      <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA (no bulk tank)
  - c. String samples (samples representing a group/pen of does)?.....d613      <sub>1</sub> Yes    <sub>3</sub> 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      <sub>1</sub> Yes    <sub>3</sub> No
  - b. All clinical mastitis cases.....d615      <sub>1</sub> Yes    <sub>3</sub> No
  - c. Chronic clinical mastitis cases.....d616      <sub>1</sub> Yes    <sub>3</sub> No
  - d. Clinical mastitis cases that did not respond to treatment.....d617      <sub>1</sub> Yes    <sub>3</sub> No
  - e. High somatic cell count does.....d618      <sub>1</sub> Yes    <sub>3</sub> No
  - f. Other (specify: \_\_\_\_\_) d619oth.....d619      <sub>1</sub> Yes    <sub>3</sub> No
9. During the previous 12 months, were any of the milk cultures performed by:
- a. Farm personnel, done on-farm?.....d620      <sub>1</sub> Yes    <sub>3</sub> No
  - b. A State or university diagnostic laboratory?.....d621      <sub>1</sub> Yes    <sub>3</sub> No
  - c. A commercial lab?.....d622      <sub>1</sub> Yes    <sub>3</sub> No
  - d. A private veterinary lab (veterinary clinic)?.....d623      <sub>1</sub> Yes    <sub>3</sub> 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 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No
  - b. *Staph. aureus*..... d625 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No
  - c. *Mannheimia* spp. (*Pasteurella*).....d626 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No
  - d. *Mycoplasma* spp..... d627 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No
  - e. *E. coli/Pseudomonas/Klebsiella* other gram neg.....d628 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No
  - f. *Strep. Agalactiae*..... d629 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No
  - g. Environmental strep (*Strep. spp.*) non-*agalactiae*.....d630 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No
  - h. Other (specify: \_\_\_\_\_) d631oth.....d631 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No

11. During the previous 12 months, by which method were goats with clinical mastitis usually milked? [Check one only.] d632
- <sub>1</sub> No known does with mastitis in the previous 12 months
  - <sub>2</sub> NA (any does with mastitis are dried off)
  - <sub>3</sub> At the end of milking
  - <sub>4</sub> In a separate string from healthy goats
  - <sub>5</sub> Using a separate milking unit from healthy goats
  - <sub>6</sub> No specific procedure followed
  - <sub>7</sub> 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 <sub>1</sub> Yes <sub>3</sub> No
    - i. IF yes, number of does treated with IMM antibiotics: \_\_\_\_\_ # does
  - b. Oral or injectable antibiotics?..... d634 <sub>1</sub> Yes <sub>3</sub> No
  - c. Organic/homeopathic remedies?.....d635 <sub>1</sub> Yes <sub>3</sub> No
  - d. Pain medications (anti-inflammatories, analgesics)?.....d636 <sub>1</sub> Yes <sub>3</sub> No
  - e. Other? (specify: \_\_\_\_\_) d637oth.....d637 <sub>1</sub> Yes <sub>3</sub> No
- Management**
- f. Frequent stripping of affected udder half?.....d638 <sub>1</sub> Yes <sub>3</sub> No
  - g. Early dry-off?..... d639 <sub>1</sub> Yes <sub>3</sub> No
  - h. Moving does to a separate milking pen?.....d640 <sub>1</sub> Yes <sub>3</sub> No
  - i. Other? (specify: \_\_\_\_\_) d641oth.....d641 <sub>1</sub> Yes <sub>3</sub> 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 <sub>1</sub> Yes <sub>3</sub> No
  - b. Recommendation from other producers.....d643 <sub>1</sub> Yes <sub>3</sub> No
  - b. Previous treatment effectiveness.....d644 <sub>1</sub> Yes <sub>3</sub> No
  - c. Previous culture and antimicrobial sensitivity results.....d645 <sub>1</sub> Yes <sub>3</sub> No
  - d. Individual doe culture results before therapy.....d646 <sub>1</sub> Yes <sub>3</sub> No
  - e. Other (specify: \_\_\_\_\_) d647oth.....d647 <sub>1</sub> Yes <sub>3</sub> 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?

	<b>Percent</b>	<b>Withdrawal time (d)</b>
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

- <sub>1</sub> The whole tube administered into one teat
- <sub>2</sub> A tube split between the two teats
- <sub>3</sub> Other (specify: \_\_\_\_\_) d666oth

## Section N—Dry Doe Procedures

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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 <sub>1</sub> Yes <sub>3</sub> No
- b. Reduce the quality/energy content of feed.....d709 <sub>1</sub> Yes <sub>3</sub> No
- c. Reduce access to feed.....d710 <sub>1</sub> Yes <sub>3</sub> No
- d. Reduce access to water.....d711 <sub>1</sub> Yes <sub>3</sub> No
4. During the previous 12 months, were intramammary antibiotics used at dry off on any does?.....d712 <sub>1</sub> Yes <sub>3</sub> 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 <sub>1</sub> Yes <sub>3</sub> No
- b. History of mastitis (clinical/chronic)?.....d715 <sub>1</sub> Yes <sub>3</sub> No
- c. Low milk production?.....d716 <sub>1</sub> Yes <sub>3</sub> No
- d. Adverse weather?.....d717 <sub>1</sub> Yes <sub>3</sub> No
- e. Other? (specify: \_\_\_\_\_) d718oth.....d718 <sub>1</sub> Yes <sub>3</sub> 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?

	<b>Percent</b>	<b>Withdrawal time (d)</b>
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

<sub>1</sub> Yes    <sub>3</sub> No