

Animal and Plant Health Inspection Service

Veterinary Services

**Goat 2019   
VS Initial Questionnaire**

National Animal Health Monitoring System

2150 Centre Ave Bldg B Fort Collins, CO 80526

Form Approved

OMB Number 0579-0354

Expiration date:

State FIPS: \_\_\_\_\_\_\_\_ Operation #: \_\_\_\_\_\_\_\_\_\_ Interviewer: \_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival time at operation: \_\_\_\_\_\_\_\_

# Section A—Inventory

1. How many kids and goats do you have on this

operation today?

a. Preweaned Kids g101 \_\_\_\_\_ head

b. Weaned Kids (less than 1 year old) g102 \_\_\_\_\_ head

c. Adult does (1 year old or older) g103 \_\_\_\_\_ head

d. Adult bucks and wethers (1 year old or older) g104 \_\_\_\_\_ head

e. Total *[Add 1a to 1d.]* g105 \_\_\_\_\_ head

**[IF no kids or goats, then go to Section O.]**

**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 0579-0354. The time required to complete this information collection is estimated to average 1 hour and 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

# Section B—Preventive Practices

1. Do you have a written herd health management plan for your operation? g201 🞏1 Yes🞏3 No

**If Yes,** were any of the following resources used in the development of the plan?

a. Veterinarian g202 1 Yes 3 No

b. Extension (university) g203 1 Yes 3 No

c. Other producers g204 1 Yes 3 No

d. Reference materials (online or book) g205 1 Yes 3 No

e. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g206oth g206 1 Yes 3 No

2. In the last 12 months, did this operation normally require or perform

individual animal testing for any of the following diseases:

**Resident goats New additions**

**in herd** *[SKIP if no new additions.]*

a. Caprine arthritis encephalitis (CAE)? g207/g215 1 Yes 3 No 1 Yes 3 No

b. Johne’s (paratuberculosis)? g208/g216 1 Yes 3 No 1 Yes 3 No

c. Brucellosis? g209/g217 1 Yes 3 No 1 Yes 3 No

d. Q fever (coxiellosis)? g210/g218 1 Yes 3 No 1 Yes 3 No

e. Caseous lymphadenitis (boils, CL, abscesses)? g211/g219 1 Yes 3 No 1 Yes 3 No

f. Scrapie? g212/g220 1 Yes 3 No 1 Yes 3 No

g. Tuberculosis? g213/g221 1 Yes 3 No 1 Yes 3 No

h. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g214oth g214/g222 1 Yes 3 No 1 Yes 3 No

3. During the previous 12 months, how many of your goats had abscesses,

boils, or lumps (typically on the head, neck, shoulder, or upper rear legs)? g223 \_\_\_\_\_ #

**[If question 3 = 0, SKIP to question 5.]**

4. Were any of the following actions taken for animals with abscesses,

boils, or lumps?

a. Call the veterinarian g224 1 Yes 3 No

b. Cull the animal to market or slaughter g225 1 Yes 3 No

c. Isolate the goats g226 1 Yes 3 No

i. If Yes, how many days was the goat isolated? g227 \_\_\_\_\_ (d)

d. Drain or lance the lumps g228 1 Yes 3 No

i. If Yes, was the drainage disposed of away from the goat raising areas? g229 1 Yes 3 No

e. Lab tests for caseous lymphadenitis

(CL)/abscesses (e.g., culture, SHI test) ……………… g230 1 Yes 3 No

f. Treat with antibiotics g231 1 Yes 3 No

g. Inject a substance into the abscess/lump g232 1 Yes 3 No

h. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g233oth g233 1 Yes 3 No

5. During the previous 12 months, did **any** adult or kid goats on your operation receive any vaccines?g240 1 Yes 3 No

**[If question 5 = No, SKIP to question 9.]**

6. Which of the following vaccines were used during the previous 12 months for [read column heading]:

*[Enter* ***product code*** *in appropriate columns for each vaccine used for the age groups listed.* ***Use the Vaccine Reference Card*** *attached to the back of the questionnaire. IF don’t know product, write ‘99’ in space for vaccine]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Nursing kids** | **Weaned kids** | **Adult does** | | **Adult bucks/**  **wethers** |  |
| CHECK box if you **didn’t**  have this class of goat 🡪 | 1 | 1 | 1 | | 1 | g241/g265/g281/g297 |
| CLOSTRIDIAL vaccines? | 🞏1 Yes 🞏3 No | 🞏1 Yes 🞏3 No | 🞏1 Yes 🞏3 No | | 🞏1 Yes 🞏3 No | g242/g266g282/g298 |
| **[If column = Yes, enter product code for vaccine used.]** | | | | | |  |
| a. Clostridium type C and D for enterotoxemia (overeating disease, bloody scours, pulpy kidney disease) [Not as part of a 7/8 way.] |  |  |  | |  | g244/g268/g284/g300 |
| b. Tetanus *(Cl. tetani*) [Not as part of a 7/8 way.] |  |  |  | |  | g245/g269g285/g301 |
| c.7- or 8 way vaccine (Blackleg, malignant edema, *Clostridium chauvoei* and/or *Cl. septicum*) and/or *Cl. novyi* and/or *Cl. Sordellii and C D and T)* |  |  |  | |  | g246/g270/g286/g302 |
| RESPIRATORY vaccines? | 🞏1 Yes 🞏3 No | 🞏1 Yes 🞏3 No | 🞏1 Yes 🞏3 No | | 🞏1 Yes 🞏3 No | g247/g271/g287/g303 |
| d. Pneumonia *(Pasteurella/Mannheimia)* |  |  |  | |  | g248/g272/g288/g304 |
| e. BRSV |  |  |  | |  | g249/g273/g289/g305 |
| f. Other respiratory vaccines |  |  |  | |  | g250/g274/g290/g306 |
| MASTITIS vaccines? |  | | 🞏1 Yes 🞏3 No | |  | g251 |
| g. *Staph. aureus* |  | |  | |  | g252 |
| h. Gram negative *(E. coli, J5*) |  |  |  | |  | g253 |
| i. Other mastitis vaccines |  |  |  | |  | g254 |
| Anti-Abortion vaccines? |  | | 🞏1 Yes 🞏3 No |  | | g255 |
| j. EAE *(Chlamydiophila abortus)* |  |  |  | |  | g256 |
| k.Leptospirosis |  |  |  | |  | g257 |
| l. *Campylobacter fetus/ jejuni (vibrio)* |  |  |  | |  | g258 |
| OTHER vaccines? | 🞏1 Yes 🞏3 No | 🞏1 Yes 🞏3 No | 🞏1 Yes 🞏3 No | | 🞏1 Yes 🞏3 No | g259/g275/g291/g307 |
| m. CL (Abscesses, *caseous lymphadenitis)* |  |  |  | |  | g260/g276/g292/g308 |
| n. Sore mouth  (contagious ecthyma) |  |  |  | |  | g261/g277/g293/g309 |
| o. Rabies |  |  |  | |  | g262/g278/g294/g310 |
| p. Scour control |  |  |  | |  | g263/g279/g295/g311 |
| q. Other vaccines |  |  |  | |  | g264/g280/g296/g312 |

**[If question 6a (*Clostridium* C and D) and question 6c = missing for adult does, SKIP to question 8.]**

7. How frequently were adult does vaccinated for *Clostridium* C and D? *[Check one only.]* g313

1 3 to 4 times a year

2 Twice a year

3 Annually

4 Less often than annually

8. Who vaccinated goats for sore mouth during the previous

12 months and did they wear gloves when administering the

vaccine?

1 NA (sore mouth vaccine not used) **SKIP to question 9.**

**Gave vaccine If Yes, were gloves worn?**

a. Veterinarian g314/g318 1 Yes 3 No 1 Yes 2  DK 3 No

b. Farm worker(s) g315/g319 1 Yes 3 No 1 Yes 2  DK 3 No

c. Owner/operator g316/g320 1 Yes 3 No 1 Yes 2  DK 3 No

d. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) g317oth g317/g321 1 Yes 3 No 1 Yes 2  DK 3 No

**[If question 8 is answered, SKIP to question 10.]**

9. How important were the following reasons for **not** using

sore mouth vaccine in your herd?

a. High cost g322 1 Very 2 Somewhat 3 Not

b. Not easily obtainable g323 1 Very 2 Somewhat 3 Not

c. Mode of administration not convenient g324 1 Very 2 Somewhat 3 Not

d. Vaccine is live g325 1 Very 2 Somewhat 3 Not

e. Other goat owner/producer recommended against it g326 1 Very 2 Somewhat 3 Not

f. Veterinarian recommended against it g327 1 Very 2 Somewhat 3 Not

g. No history of sore mouth g328 1 Very 2 Somewhat 3 Not

h. Did not know it was available g329 1 Very 2 Somewhat 3 Not

10. Do you currently have any of the following type(s) of herd health management or

certification program(s) **specifically** to control or prevent Johne’s disease in your herd?

a. A unique program developed specifically for this operation g330 1 Yes 3 No

b. A State-sponsored certification program g331 1 Yes 3 No

c. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g332oth g332 1 Yes 3 No

11. Which of the following measures do you practice to prevent

Johne’s disease in your herd?

a. Obtain newly acquired breeding does and bucks

from Johne’s-negative herds g333 1 Yes 3 No 4 NA (no breeding does/bucks acquired)

b. Use known, reputable source(s) of

goats (not sale barn) g334 1 Yes 3 No 4 NA (no goats added)

c. Prohibit contact with goats

from other operations g335 1 Yes 3 No

d. Do not expose kids to feces of infected

or unknown status does g336 1 Yes 3 No 4 NA (no kids or no does)

e. Conduct definitive tests for Johne’s

at necropsy g337 1 Yes 3 No 4 Don’t know

f. Other measures (specify: \_\_\_\_\_\_\_\_) g338oth g338 1 Yes 3 No

g. Test any goats, sheep, or cows for Johne’s g339 1 Yes 3 No

**If 11g =Yes,** do you test:

|  |  |  |
| --- | --- | --- |
|  |  | **What type of test(s) are used:** |
| a. The goat herd annually | 1 Yes 3 No g340 | Fecal 1 Yes 3 No345b  Blood 1 Yes 3 No345f  Other 1 Yes 3 No345o  (specify: \_\_\_\_\_\_\_) g345oth |
| b. Any goats with clinical signs (chronic weight loss despite a good appetite) | 1 Yes 3 No  4 NA (no goats with clinical signs) g341 | Fecal 1 Yes 3 No g346f  Blood 1 Yes 3 No g346b  Other 1 Yes 3 No g346o  (specify: \_\_\_\_\_\_\_) g346oth |
| c. All incoming goats | 1 Yes 3 No  4 NA (no goats added) g342 | Fecal 1 Yes 3 No g347f  Blood 1 Yes 3 No g347b  Other 1 Yes 3 No g347o  (specify: \_\_\_\_\_\_\_) g347oth |
| d. All incoming sheep | 1 Yes 3 No  4 NA (no sheep added) g343 | Fecal 1 Yes 3 No g348f  Blood 1 Yes 3 No g348b  Other 1 Yes 3 No g348o  (specify: \_\_\_\_\_\_\_) g348oth |
| e. All incoming cows | 1 Yes 3 No  4 NA (no cows added) g344 | Fecal 1 Yes 3 No g349f  Blood 1 Yes 3 No g349b  Other 1 Yes 3 No g349o  (specify: \_\_\_\_\_\_\_) g349oth |

12, In the previous 12 months, were any paid or unpaid personnel, including owners and family members, who had duties directly related to raising goats trained in the following procedures?

If Yes, enter the code indicating the **primary** person responsible for providing each type of training.

|  |  |
| --- | --- |
| **Training Personnel Codes** | |
| 1 = Owner | 4 = Veterinarian |
| 2 = Manager/herdsman | 5 = University/extension personnel |
| 3 = Other employees | 6 = Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g356OTH |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure** | | **Training provided?** | **Training personnel code** |  |
| a. Identifying sick or injured animals | | 🞏1 Yes 🞏3 No |  | G357/G366 |
| b. Animal handling | | 🞏1 Yes 🞏3 No |  | G358/G367 |
| c. Euthanasia | | 🞏1 Yes 🞏2 NA🞏3 No |  | G359/G368 |
| d. Kid rearing practices | | 🞏1 Yes 🞏2 NA 🞏3 No |  | G360/G369 |
| e. Husbandry procedures (e.g., disbudding, castration, tattooing) | | 🞏1 Yes 🞏2 NA🞏3 No |  | G361/G370 |
| f. Transportation of goats | | 🞏1 Yes 🞏3 No |  | G362/G371 |
| g. Milking routines | | 🞏1 Yes 🞏2 NA🞏3 No |  | G363/G372 |
| h. Feeding and nutrition | | 🞏1 Yes 🞏3 No |  | G364/G373 |
| i. Goat behavior | | 🞏1 Yes 🞏3 No |  | G365/G374 |
| j. Other (Specify………..) | 🞏1 Yes 🞏3 No | |  | G375OTH |

**Section C—Kidding Management**

1. During the previous 12 months, were any kids born on this operation? g401 1 Yes 3 No

**Note:** All remaining questions refer to the last completed kidding period.

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

2**.** During the most recently completed kidding period:

a. How many kids were born alive: g402 \_\_\_\_\_\_ #

b. How many kids were born dead: g403 \_\_\_\_\_\_ #

c. Total kids born (2a+2b) g404 \_\_\_\_\_\_ #

3. During the most recently completed kidding period:

a. How frequently (in hours) were kidding areas checked for newborns? g405 \_\_\_\_\_ h

b. How often were navels dipped on newborn kids with a

chlorhexidine or iodine solution?............................................................ g413 1 Always 2 Sometimes 3 Never

c. Were kids physically separated from their dams prior to weaning off milk? g406 1 Yes 3 No

**[If question 3c = No, SKIP to question 5.]**

4. During the most recently completed kidding period, How many hours or days

following birth were buck and doe kids separated

from their dams? *[If <1 hour, enter closest quarter hour.]*

a. Doe kids g407/g409/g411 1 Removed immediately **OR** \_\_\_\_\_ h **OR**  \_\_\_\_\_ d

b. Buck kids g408/g410/g412 1 Removed immediately **OR** \_\_\_\_\_ h  **OR** \_\_\_\_\_ d

**Note: For the purposes of the next three questions, kidding areas are**

**specific areas to which does are moved to kid.**

5. During the most recently completed kidding period, did this operation

use a separate area, specifically for kidding? g414 1 Yes 3 No

**[If question 5 = No, SKIP to question 8.]**

6. On average, how many hours or days are does in the separate kidding area/pen?

*[Answer to nearest quarter hour if <1 h.]*

a. Prior to kidding *[Enter 0 if moved during kidding.]* g415/g417 \_\_\_\_\_ h **OR** \_\_\_\_\_ d

b. After kidding *[Enter 0 if removed immediately after kidding.]* g416/g418 \_\_\_\_\_ h **OR** \_\_\_\_\_ d

7. During the most recently completed kidding period, how frequently were the kidding areas cleaned

and disinfected? [Check one only for each column]

Note: Cleaning is defined as removing all bedding and fecal material and replacing

with clean bedding material.

Note:A chemical disinfectant includes: 1:10 bleach dilution, phenolic product (1 Stroke Environ® or

SynPhenol-3®) or an accelerated hydrogen peroxide product (Intervention®) or lime.

*[Check one only for each column.]*

|  |  |
| --- | --- |
| **Cleaning** | **Disinfection** |
| 1 Never cleaned | 1 Never disinfected |
| 2 Cleaned once at the end of the kidding season | 2 Disinfected once at the end of the kidding season |
| 3 Cleaned multiple times throughout the kidding season | 3 Disinfected multiple times throughout the kidding season |
| 4 Cleaned after each kidding | 4 Disinfected after each kidding |
| 5 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g419oth g419 | 5 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g420oth g420 |

8. What percentage of newborn does and bucks received colostrum by:

**Doe kids Buck kids**

a. Hand feeding only; kids were separated from the mothers immediately

after birth and hand fed (e.g., teat feeder/bottle/tube feeder) g430/g433 \_\_\_\_\_ \_\_\_\_\_ %

b. Both nursing the doe and hand feeding g431/g434 \_\_\_\_\_ \_\_\_\_\_ %

c. Nursing only g432/g435 \_\_\_\_\_ \_\_\_\_\_ %

100% 100%

**[If questions 8c does and bucks = 100% (nursing only), SKIP to question 14.]**

9. During the most recently completed kidding period, how many hours following birth did the

majority of newborn does and bucks get their first hand-feeding of colostrum?

*[If <1 hour, enter closest quarter hour.]*

a. Doe kids g436/g438 1 Fed immediately **OR** \_\_\_\_\_ h

b. Buck kids g437/g439 1 Fed immediately **OR** \_\_\_\_\_ h

10. How were the newborn doe and buck kids that were hand fed colostrum (question 8) normally fed?

**Doe kids Buck kids**

*[Check one only.] [Check one only.]*

a. Bottle g440/g443 1 1

b. Tube feeder (esophageal feeder) g441/g444 2 2

c. Bucket g442/g445 3 3

11. How many ounces of colostrum was normally

fed by hand to newborn doe and buck kids

**Doe kids Buck kids**

a. At the first feeding?

*[If allowed to nurse prior to hand feeding, enter 0.]* g446/g449 \_\_\_\_\_ \_\_\_\_\_ oz

b. Total for all **subsequent** feedings in the first 24 h? g447/g450 \_\_\_\_\_ \_\_\_\_\_ oz

c. Total in the first 24 h (should equal a + b)? g448/g451 \_\_\_\_\_ \_\_\_\_\_ oz

12. During the most recently completed kidding period, for the **first** colostrum feeding,

what percentage of doe and buck kids on this operation

consumed colostrum from the following sources (for kids that nursed at first feeding) enter % kids in option 12a)?

**Doe kids Buck kids**

a. Individual doe **unpasteurized** colostrum g452/g459 \_\_\_\_\_ \_\_\_\_\_ %

b. Individual doe **pasteurized** colostrum g453/g460 \_\_\_\_\_ \_\_\_\_\_ %

c. Pooled (mixed from multiple does) **unpasteurized** colostrum g454/g461 \_\_\_\_\_ \_\_\_\_\_ %

d. Pooled (mixed from multiple does) **pasteurized** colostrum g455/g462 \_\_\_\_\_ \_\_\_\_\_ %

e. Commercial colostrum replacer or supplements g456/g463 \_\_\_\_\_ \_\_\_\_\_ %

f. Cow colostrum g457/g464 \_\_\_\_\_ \_\_\_\_\_ %

g. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g458oth g458/g465 \_\_\_\_\_ \_\_\_\_\_ %

100% 100%

13. What was the primary method used to store colostrum?

*[Check one only.]* g466

1 Do not store colostrum

2 Stored without refrigeration

3 Stored in a refrigerator

4 Stored in a freezer

5 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g466oth

14. For the most recent kid crop, what percentage of doe and buck kids

received the following liquid diet types:

**Doe kids Buck kids**

1. Nursing only g467a/g478a \_\_\_\_\_ \_\_\_\_\_ %
2. Nursed plus other liquid diet g467b/g478b \_\_\_\_\_ \_\_\_\_\_ %
3. Other liquid diet only g467c/g478c \_\_\_\_\_ \_\_\_\_\_ %
4. Total g467d/g478d 100% 100%

**[IF 14a = 100% for both does and bucks, SKIP to section D.]**

15. What percent of doe and buck kids received the following liquid diet types: **Doe kids Buck kids**

1. Unpasteurized goat milk g468/g479 \_\_\_\_\_ \_\_\_\_\_ %
2. Pasteurized goat milk g469/g480 \_\_\_\_\_ \_\_\_\_\_ %
3. Unpasteurized waste goat milk g470/g481 \_\_\_\_\_ \_\_\_\_\_ %
4. Pasteurized waste goat milk g471/g482 \_\_\_\_\_ \_\_\_\_\_ %
5. Cow milk g472/g483 \_\_\_\_\_ \_\_\_\_\_ %
6. Nonmedicated goat milk replacer g473/g484 \_\_\_\_\_ \_\_\_\_\_ %
7. Medicated goat milk replacer g474/g485 \_\_\_\_\_ \_\_\_\_\_ %
8. Nonmedicated cow milk replacer g475/g486 \_\_\_\_\_ \_\_\_\_\_ %
9. Medicated cow milk replacer g476/g487 \_\_\_\_\_ \_\_\_\_\_ %
10. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g477oth g477/g488 \_\_\_\_\_ \_\_\_\_\_ %

*[Total can be >100% if kids are fed multiple liquid diet types.]*

**[If questions 15i both bucks and doe kids = 0 (no medicated cow milk replacer fed), SKIP to question 17.]**

16. Of those kids that received medicated cow milk replacer, which of the

following medications were in the milk replacer?

a. CTC (chlortetracycline) g489 1 Yes 2  DK 3 No

b. OTC (oxytetracycline) g490 1 Yes 2  DK 3 No

c. NT, Neo-Terramycin®, Neo-Oxy (neomycin and oxytetracycline) g491 1 Yes 2  DK 3 No

d. Deccox® (decoquinate)…………………………………………………………………… g492 1 Yes 2  DK 3 No e. Bovatec® (lasalocid) g493 1 Yes 2  DK 3 No

f. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g494oth g494 1 Yes 2  DK 3 No

17. Excluding kids that nursed **only**, what percentage of doe and buck kids

were fed milk or milk replacer using the following equipment:

**Doe kids Buck kids**

a. Bottle g495/g500 \_\_\_\_\_ \_\_\_\_\_ %

b. Bucket g496/g501 \_\_\_\_\_ \_\_\_\_\_ %

c. Trough or mob feeder (e.g., milk bar) g497/g502 \_\_\_\_\_ \_\_\_\_\_ %

d. In-line milk feeding system (free choice) g498/g503 \_\_\_\_\_ \_\_\_\_\_ %

e. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g499oth g499/g504 \_\_\_\_\_ \_\_\_\_\_ %

*[Total can be >100% if kids are fed with multiple methods.]*

18. For the most recent kid crop, how frequently was milk feeding equipment

cleaned and disinfected? *[Check one only for each column.]*

A chemical disinfectant includes: 1:10 bleach dilution, phenolic product (1 Stroke Environ®

or SynPhenol-3®) or an accelerated hydrogen peroxide product (Intervention®)

|  |  |
| --- | --- |
| **Cleaning** (rinsed with water ± soap) | **Disinfection** |
| 1 Never cleaned | 1 Never disinfected |
| 2 After the kids were weaned and moved | 2 After the kids were weaned and moved |
| 3 Less than once a day | 3 Less than once a day |
| 4 Once a day | 4 Once a day |
| 5 After each feeding | 5 After each feeding |
| 6 Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g505oth g505 | 6 Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g506oth g506 |

# Section D—Parasite Control

1. Which of the following categories best describes your use of the FAMACHA©

card/eye color score? *[Check one only.]* g601

🞏1 Had not heard of the FAMACHA© card before this study

🞏2 Have seen or heard about the FAMACHA© card, but do not use

🞏3 Have used the FAMACHA© card some

🞏4 Regularly use the FAMACHA© card as management tool

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

2. Do you use the FAMACHA© card to:

a. Identify or cull worm-susceptible goats or kids? g602 1 Yes 3 No

b. Selectively deworm goats or kids (e.g., only goats

with certain scores are dewormed)? g603 1 Yes 3 No

c. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g604oth g604 1 Yes 3 No

3. During the previous 12 months, how many **goats** were **tested** for

internal parasites by any fecal test method listed in question 4 below? g605 \_\_\_\_\_ #

**[If question 3 = 0, SKIP to question 6.]**

4. During the previous 12 months, how many of the following **tests** were performed

on goats in your herd? (Count each test separately. For example, if you have 20 goats and each one was tested twice by fecal flotation, put “40” in 4.a. below)

a. Fecal flotation or fecal egg count (not as part of a fecal egg count reduction test) g606 \_\_\_\_\_ #

b. Fecal egg count reduction test (fecal egg count both before and after deworming)

*[Count pre- and post-deworming as one.]* g607 \_\_\_\_\_ #

c. DrenchRite® (lab test for resistance to dewormers) g608 \_\_\_\_\_ #

d. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g609oth g609 \_\_\_\_\_ #

**[If 4a and 4b = 0 skip to question 6.]**

5. During the previous 12 months who completed the majority of the fecal flotations

or fecal egg counts? *[Check one only.]* g610

1 Self or employee on the operation

2 Private veterinarian

3 State/university laboratory

4 Private laboratory

4 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g610oth

6. During the **previous 3 years**, did you **deworm** any goats

with medications or natural/alternative dewormers? g611 1 Yes 3 No

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

7. During the previous **12 months,** how many kids

and adult goats on this operation were:

**Kids Adults**

a. Never dewormed g612/g615 \_\_\_\_\_ \_\_\_\_\_ #

b. Dewormed once g613/g616 \_\_\_\_\_ \_\_\_\_\_ #

c. Dewormed twice g614/g617 \_\_\_\_\_ \_\_\_\_\_ #

d. Dewormed three or more times g618/g619 \_\_\_\_\_ \_\_\_\_\_ #

**[If question ~~7~~b-7d for both kids and adults=0 (never dewormed), SKIP to question 11.]**

8. Did you use any of the following products to treat for **worms** (do not include

treatment for *Coccidia*) during the previous 12 months?

*[For help categorizing specific products into anthelmintic class use the* ***Anthelmintic Reference Card****.]*

a. High tannin concentrate plants (e.g., lespedeza, birdsfoot trefoil) g620 1 Yes 3 No 4 DK

b. Natural or alternative substances

i. Diatomaceous earth g621 1 Yes 3 No 4 DK

ii.Botanicals/herbs/cayenne pepper g622 1 Yes 3 No 4 DK

iii. Copper oxide particles g623 1 Yes 3 No 4 DK

iv. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g624oth g624 1 Yes 3 No 4 DK

c. Avermectins (e.g., Ivomec® Cydectin® Dectomax®) g625 1 Yes 3 No 4 DK

If Yes,check route(s) of administration g626 1 Drench/paste 2  Injection 3 Pour-on

d. Benzimidazoles (e.g., Panacur®/Safeguard®/Valbazen®) g627 1 Yes 3 No 4 DK

If Yes,check route(s) of administration……………g628 1 Drench/paste 2  In feed 3  Other (specify\_\_\_\_\_\_)

e. Imidazothiazoles (e.g., Levasole®--levamisole) g629 1 Yes 3 No 4 DK

If Yes,check route(s) of administration g630 1 Oral 2  Injection

f. Benzenesulphonamides (e.g, Curatrem®, Ivomec Plus®) g631 1 Yes 3 No 4 DK

g. Tetrahydropyrimidines (e.g., Rumatel®) g632 1 Yes 3 No 4DK

i. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g633oth g633 1 Yes 3 No 4 DK

9. What was the total amount spent on deworming products administered to goats on your operation during the previous 12 months (include those administered by a veterinarian)? g634 $ \_\_\_\_\_

|  |  |
| --- | --- |
| **Deworming reason list for question 10** | |
| 1 | All goats treated on a regular schedule as a preventative measure (e.g., seasonally, annually) |
| 2 | Worms were seen |
| 3 | When the goat’s hair coat or body condition are poor |
| 4 | Fecal consistency (diarrhea) |
| 5 | Based on fecal tests (e.g., fecal floats, FECRT) |
| 6 | Based on FAMACHA card system/eye anemia score |
| 7 | Bottlejaw |
| 8 | Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g635oth |

10. Of the reasons in the deworming reason list, choose the top three reasons,

in order of importance, that you use to decide which goats to deworm.

**Code**

a. Most important reason g636 \_\_\_\_\_

b. Second most important reason g637 \_\_\_\_\_

c. Third most important reason g638 \_\_\_\_\_

11. During the previous 12 months, did you do any of the following

as part of your internal parasite control program?

a. Rotate pastures g639 1 Yes 3 No 4 NA (goats not on pasture)

b. Select for parasite-resistant goats or cull worm-susceptible goats g640 1 Yes 3 No

c. Use a higher dose of dewormer in goats than the labeled

dose recommended for sheep g641 1 Yes 3 No

d. Give a combination of two or more dewormer drugs at once g642 1 Yes 3 No

e. Rotate dewormers g643 1 Yes 3 No

f. Graze multiple species on the same pasture g644 1 Yes 3 No 4 NA (goats not on pasture)

g. Leave animals in a dry lot after deworming for 24 to 48 h g645 1 Yes 3 No

h. Change kidding season to reduce the risk of high parasite exposure g646 1 Yes 3 No

i. Provide additional protein supplement to increase resistance g647 1 Yes 3 No

j. Feed a biological control product such as BioWorma® (*Duddingtonia flargrans)* g648 1 Yes 3 No

k. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g649oth g649 1 Yes 3 No

12. During the previous 12 months, have you observed any of the following

external parasites on your goats:

a. Lice? g650 1 Yes 3 No

b. Mites? g651 1 Yes 3 No

c. Ticks? g652 1 Yes 3 No

# Section E—Goat and Herd Health

1. How many of your operation’s does were in milk during the previous 12 months?

*[Include all does whether nursing kids or being milked. Count each doe only once,*

*even if she kidded twice in the 12-month period.]* g701 \_\_\_\_\_ head

**[If question 1 = zero, SKIP to question 4.]**

2. How many of the does in milk (question 1), had clinical mastitis (abnormal milk or swollen udder) in the previous 12 months? g702 D/K\_\_\_\_\_ head

**[If question 2 = 0 or Don’t know, SKIP to question 4.]**

3. How was mastitis **most often** diagnosed on this operation during the

previous 12 months? *[Check one only.]* g703

1 Visual observation of udder and/or milk

2 California mastitis test (CMT) or somatic cell count (SCC)

3 Culture of milk

4 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g703oth

4. Did any bred does abort during the previous 12 months? g704 1 Yes 3 No 4NA (no bred does)

**[If question 4 = No or NA, SKIP to question 7.]**

5. Were any of the following steps taken for aborting does?

a. Removed placentas or fetuses as soon as possible g705 1 Yes 3 No

b. Cleaned the area by removing bedding and/or dirt g706 1 Yes 3 No

c. Disinfected the area g707 1 Yes 3 No

d. Physically separated does that aborted from other does g708 1 Yes 3 No

**If Yes**, were they: *[Check one only.]* g709

1 Permanently removed from the herd*[SKIP to question 6.]*

2 Not returned to the herd for the rest of the kidding season*[SKIP to question 6.]*

3 Separated and then returned to the herd after **how many** days g710 \_\_\_\_\_ d

6. Were the abortions suspected to be caused by any of the following?

If Yes, were causes diagnosed by a veterinarian or laboratory?

**Abortions If Yes,**

**suspected to be caused by diagnosed by a**

**the following? vet or lab?**

a. Campylobacteriosis (vibrio abortion) g711/g719 1 Yes 2  DK 3 No 1 Yes 3 No

b. Chlamydiosis (enzootic abortion) g712/g720 1 Yes 2  DK 3 No 1 Yes 3 No

c. Toxoplasmosis g713/g721 1 Yes 2  DK 3 No 1 Yes 3 No

d. Q fever g714/g722 1 Yes 2  DK 3 No 1 Yes 3 No

e. Salmonellosis g715/g723 1 Yes 2  DK 3 No 1 Yes 3 No

f. Listeriosis g716/g724 1 Yes 2  DK 3 No 1 Yes 3 No

g. Cache Valley virus g717/g725 1 Yes 2  DK 3 No 1 Yes 3 No

h. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g718oth g718/g726 1 Yes 2  DK 3 No 1 Yes 3 No

7. Indicate if, during the previous **3 years**, any of the following

were present (suspected or confirmed) in your herd.

*[Check No if you have no reason to suspect that the*

*disease has been in your herd.]*

**If Yes,   
 Suspected to be diagnosed**

**in the herd during by a**

**the previous veterinarian**

**3 years or a lab?**

a. Caprine arthritis encephalitis (CAE)? g727/g732 1 Yes 3 No 1 Yes 3 No

b. Caseous lymphadenitis (boils, CL, abscesses)? g728/g733 1 Yes 3 No 1 Yes 3 No

c. Johne’s (paratuberculosis)? g729/g734 1 Yes 3 No 1 Yes 3 No

d. Q fever (coxiellosis)? g730/g735 1 Yes 3 No 1 Yes 3 No

e. Sore mouth (orf, contagious ecthyma)? g731/g736 1 Yes 3 No 1 Yes 3 No

**[If question 7e = No, SKIP to question 10.]**

8. How many goats and kids in your herd had sore mouth

(suspected or confirmed) during the previous 12 months? g737/g738 \_\_\_\_\_ head 1 DK

**[If question 8 = zero or Don’t know, SKIP to question 10.]**

9. How many of those died? *[Should be ≤question 8.]* g739 \_\_\_\_\_ head

10. Have you or any of your family members or employees ever been infected with: **IF YES,**

**Diagnosed by**

**Infected with: a doctor?**

a. Q fever? g740/g742 1 Yes 2  DK 3 No 1 Yes 3 No

b. Sore mouth (orf)? g741/g743 1 Yes 2  DK 3 No 1 Yes 3 No

11. During the previous 12 months, were any goats given any injections? g744 1 Yes 3 No

**[If question 11 = No, SKIP to question 14.]**

12. For each goat injected, was a new needle used? g745 1 Yes 3 No

**[If question 12 = Yes, SKIP to question 14.]**

13. Were the needles chemically disinfected between goats?.................... g746 1 Yes 3 No

Note: In this question disinfection refers to the use of a chemical solution

(e.g., Betadine, Nolvasan, bleach) used to kill disease-causing organisms.

14. During the previous 12 months, did this operation share any

equipment with other livestock owners (e.g., tractors, feeding equipment,

manure spreaders, trailers, clippers, hoof trimmers, dehorners)? g747 1 Yes 3 No

**[If question 14 = No, SKIP to section F.]**

15. Was shared equipment cleaned prior to use? g748 1 Yes 3 No

If Yes, which of the following **best** describes this operation’s cleaning

procedures? *[Check one only.]* g749

1 Wash equipment with water (with or without soap) or steam only

2 Chemically disinfect only

3 Wash and chemically disinfect equipment

4 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g749oth

# Section F—Antimicrobial Use in Feed and Water

Note:The following questions ask about **all kids and** **adult goats.** Feed includes milk, milk replacer and starter.

1. During the period from September 1, 2018, through August 31, 2019, did this operation

use a coccidiostat in the feed (including milk, milk replacer or starter) or water? g801 🞏1 Yes🞏3 No

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

2. Which of the following coccidiostats were used in **feed**

(including milk, milk replacer, or starter) **or drinking water**?

**Feed Water**

a. Ionophores (Rumensin®, Bovatec®) g802 🞏1 Yes🞏3 No --------------

b. Decoquinate (Deccox®) g803/g810 🞏1 Yes🞏3 No --------------

c. Amprolium (Corid®) g804/g811 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

d. Sulfa drugs (Albon®, Sulmet®, etc.) g805/g812 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

**If 2d=Yes,** g806/g813 # adults treated \_\_\_\_\_ # adults treated \_\_\_\_

g807/g814 # kids treated \_\_\_\_\_ # kids treated \_\_\_\_\_

g808/g815 Avg # d treated \_\_\_\_\_ Avg # d treated \_\_\_\_

e. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) g809oth g809/g816 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

3. During the period from September 1, 2018, through August 31, 2019, did this

operation use any ionophores as growth promotants **in feed**? g817 🞏1 Yes 🞏3No

4. From September 1, 2018, through August 31, 2019, were kids or adults given any antibiotics

in drinking **water** to prevent, control or treat a disease or disorder? g818 1 Yes 3 No

**[If question 4 = No, SKIP to question 6.]**

5. From September 1, 2018, through August 31, 2019, what goat types were given antibiotics in drinking **water** to prevent, control or treat a disease or disorder?

For each goat type mark the reason(s) for administration, and write in the code for the primary antibiotic used (**Antibiotic Reference Card**), number of goats given antibiotics, and the average number of days used for each disease/disorder.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goat type given antibiotics in water** | **Reason (Disease/disorder ) for giving antibiotics** | **Code for primary antibiotic used in water** | **No. of animals** | **Avg. No. of days** |
| Kids   1 Yes 3 No g819  **If No, SKIP to next goat type.** | Respiratory disease 1 Yes 3 Nog821r  Digestive disease1 Yes 3 No g821d    Other 1 Yes 3 No g821o  (specify: \_\_\_\_\_\_\_\_) g821oth | \_\_\_\_\_g823r  \_\_\_\_\_g823d  \_\_\_\_\_g823o | \_\_\_\_g825r  \_\_\_\_g825d  \_\_\_\_ g825o | \_\_\_\_\_ g827r  \_\_\_\_\_ g827d  \_\_\_\_\_ g827o |
| Adults  1 Yes 3 Nog820  **If No, SKIP to question 6.** | Respiratory disease 1 Yes 3 No g822r  Digestive disease 1 Yes 3 No g822d    Other 1 Yes 3 No g822o  (specify: \_\_\_\_\_\_\_\_) g822oth | \_\_\_\_\_g822r  \_\_\_\_\_g822d  \_\_\_\_\_g822o | \_\_\_\_g824r  \_\_\_\_g824d  \_\_\_\_ g824o | \_\_\_\_\_ g828r  \_\_\_\_\_ g828d  \_\_\_\_\_ g828o |

6. From September 1, 2018, through August 31, 2019, were **any kids or adults** given any

antibiotics, other than ionophores, in **feed** (including milk, milk replacer or starter)

to prevent, control, or treat a disease/disorder? g829 1 Yes 3 No

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

7. From September 1, 2018, through August 31, 2019, what goat types were given antibiotics in **feed** (including milk, milk replacer or starter)?

For each goat type mark the reason(s) for administration, and write in the code for the primary antibiotic used (**Antibiotic Reference Card**), number of goats given antibiotics, and the average number of days used for each disease/disorder.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goat type given antibiotics in feed** | **Reason (Disease/Disorder) for giving antibiotics** | **Code for primary antibiotic used in feed** | **No. of animals** | **Avg. No. of days** |
| Preweaned kids   1 Yes 3 No g830  **If No, SKIP to next goat type.** | Respiratory disease 1 Yes 3 No g833r  Digestive disease 1 Yes 3 No g833d  Other 1 Yes 3 No g833o  (specify: \_\_\_\_\_\_\_) g833oth | \_\_\_\_\_ g836r  \_\_\_\_\_ g836d  \_\_\_\_\_ g836o | \_\_\_\_\_ g839r  \_\_\_\_\_ g839d  \_\_\_\_\_ g839o | \_\_\_\_\_ g842r  \_\_\_\_\_ g842d  \_\_\_\_\_ g842o |
| Weaned kids   1 Yes 3 No g831  **If No, SKIP to next goat type.** | Respiratory disease 1 Yes 3 No g834r  Digestive disease 1 Yes 3 No g834d  Other 1 Yes 3 No g834o  (specify: \_\_\_\_\_\_\_) g834oth | \_\_\_\_\_ g837r  \_\_\_\_\_ g837d  \_\_\_\_\_ g837o | \_\_\_\_\_ g840r  \_\_\_\_\_ g840d  \_\_\_\_\_ g840o | \_\_\_\_\_ g843r  \_\_\_\_\_ g843d  \_\_\_\_\_ g843o |
| Adults   1 Yes 3 No g832  **If No, SKIP to section G.** | Respiratory disease 1 Yes 3 No g835r  Digestive disease 1 Yes 3 No g835d  Other 1 Yes 3 No g835o  (specify: \_\_\_\_\_\_\_) g834oth | \_\_\_\_\_ g838r  \_\_\_\_\_ g838d  \_\_\_\_\_ g838o | \_\_\_\_\_ g841r  \_\_\_\_\_ g841d  \_\_\_\_\_ g841o | \_\_\_\_\_ g844r  \_\_\_\_\_ g844d  \_\_\_\_\_ g844o |

# Section G—Health Conditions and Losses

1. From September 1, 2018, through August 31, 2019, how many kids and adult

goats were lost, stolen, died, or euthanized from all causes?

*[Exclude kids born dead and slaughtered goats.]*

If total head >0, how many of the total head were:

**Predator Nonpredator**

**Total head Lost/stolen** (died/euthanized) (died/euthanized)

a. Preweaned kids g901/g906/g911/g916 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ head

b. Weaned kids g902/g907/g912/g917 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ head

c. Adult doe*s* g903/g908/g913/g918 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ head

d. Adult bucks/wethers g904/g909/g914/g919 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ head

e. Total losses g905/g910/g915/g920 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ head

2. How many of those adult goats and kids that died from nonpredator reasons

(question 1e Nonpredator total) were necropsied to determine the cause of death? g921 \_\_\_\_\_ head

For the remainder of this section, it is possible for a single goat to have had more than one condition, such as diarrhea and an abortion. Even if a goat died having experienced two or more conditions during the previous 12 months, the death or removal (culled) should be listed as due to a single primary cause.

**Use the Antibiotics Reference Card to help answer questions 4, 6, and 8.**

3. During the period from September 1, 2018, through August 31, 2019, were there

any **preweaned kids** on this operation? g936 1 Yes 3 No

**[If question 3 = No, SKIP to question 5.]**

4. How many **different preweaned kids** became affected with the following conditions?

Of those affected preweaned kids, how many received an antibiotic, what was the primary

antibiotic used, how many died and how many were removed (culled)?

Note: **Do not** include antibiotics administered in the feed (including milk, milk replacer or starter) or drinking water. Include intramammary antibiotics, antibiotics used topically, and antibiotics used by injection, bolus, or drench.

Only answer for treatment uses, do not include prevention.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **Condition** | **No. of different preweaned kids affected in previous 12 months?**  **\_\_\_\_\_\_\_** g922  *[Enter 0 if none.]* | **Of the** (col 2) **preweaned kids, how many received an antibiotic to treat the condition at least once during the previous  12 months?**  **\_\_\_\_\_\_\_** g923  *[Enter 0 if none.]* | **Code for primary antibiotic used** | **Of the** (col 2) **preweaned kids, how many died or were euthanized primarily due to this condition?** *[must be less than or equal  to 1a nonpredator]* | **Of the** (col 2) **preweaned kids, how many were removed primarily due to this condition?** |
| a. Digestive issues  (e.g., scours, overeating/enterotoxemia, coccidia) | g937 | g946 | g954 | g962 | g972 |
| b. Navel infection | g938 | g947 | g955 | g963 | g973 |
| c. Kidding problems or other perinatal conditions  (e.g., floppy kid syndrome, weak kids) | g939 | g948 | g956 | g964 | g974 |
| d. Eye conditions (e.g., pinkeye, conjunctivitis) | g940 | g949 | g957 | g965 | g975 |
| e. Respiratory problems  (e.g., pneumonia, shipping fever, runny nose) | g941 | g950 | g958 | g966 | g976 |
| f. Lameness (e.g., joint swelling, wound, trauma) | g942 | g951 | g959 | g967 | g977 |
| g. Weather-related, starvation causes (e.g., chilling, drowning, lightning) | g943 |  |  | g968 | g978 |
| h. Other known conditions, (specify: \_\_\_\_\_\_\_\_\_\_\_\_) g944oth | g944 | g952 | g960 | g969 | g979 |
| i. Unknown conditions (e.g.,  found dead) | g945 | g953 | g961 | g970 | g980 |
| j. Total |  |  |  | g971 | g981 |

Total = 1a (nonpredator)

5. During the period from September 1, 2018, through August 31, 2019,

were there any **weaned kids** on this operation? g982 1 Yes 3 No

**[If question 5 = No, SKIP to question 7.]**

6. How many **different weaned kids** became affected with the following conditions?

Of those affected weaned kids, how many received an antibiotic, what was the primary

antibiotic used, how many died and how many were removed (culled)?

Note: **Do not** include antibiotics administered in the feed or drinking water. Include intramammary antibiotics, antibiotics used topically, and antibiotics used by injection, bolus, or drench.

Only answer for treatment uses, do not include prevention.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **Condition** | **No. of different weaned kids affected in previous 12 months?**  **\_\_\_\_\_\_\_** g924  *[Enter 0 if none.]* | **Of the** (col 2) **weaned kids, how many received an antibiotic to treat the condition at least once during the previous  12 months?**  **\_\_\_\_\_\_\_** g925  *[Enter 0 if none.]* | **Code for PRIMARY antibiotic used** | **Of the** (col 2) **weaned kids, how many died or were euthanized primarily due to this condition?** *[must be less than or equal  to 1b nonpredator]* | **Of the** (col 2) **weaned kids, how many were removed primarily due to this condition?** |
| a. Digestive: intestinal worms | g983 |  |  | g1009 | g1020 |
| b. Other digestive problems (e.g., scours, overeating /enterotoxemia) | g984 | g993 | g1001 | g1010 | g1021 |
| c. Pinkeye | g985 | g994 | g1002 | g1011 | g1022 |
| d. Respiratory problems (e.g., pneumonia, shipping fever, runny nose) | g986 | g995 | g1003 | g1012 | g1023 |
| e. Lameness: Footrot | g987 | g996 | g1004 | g1013 | g1024 |
| f. Other Lameness (e.g., joint swelling, wound) | g988 | g997 | g1005 | g1014 | g1025 |
| g. Central nervous system signs (e.g., uncoordinated, staggering, swaying, falling down, circling, blindness) | g989 | g998 | g1006 | g1015 | g1026 |
| h. Weather-related and poising/toxicity causes (e.g., chilling, drowning, lightning, noxious feeds/weeds) | g990 |  |  | g1016 | g1027 |
| i. Other known conditions (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) g101oth | g991 | g999 | g1007 | g1017 | g1028 |
| j. Unknown conditions (e.g., found dead) | g992 | g1000 | g1008 | g1018 | g1029 |
| k. Total |  |  |  | g1019 | g1030 |
|  |  |  |  | Total = lb (nonpredator) |  |

7. During the period from September 1, 2018, through August 31, 2019, were there

any **adult does** on the operation? g1031 1 Yes 3 No

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

8. How many **different adult does** became affected with the following conditions?

Of those affected adult does, how many received an antibiotic, what was the primary

antibiotic used, how many died and how many were removed (culled)?

Note: **Do not** include antibiotics administered in the feed or drinking water. Include intramammary antibiotics, antibiotics used topically, and antibiotics used by injection, bolus, or drench.

Only answer for treatment uses, do not include prevention.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **Condition** | **No. of different adult does affected in previous 12 months?**  **\_\_\_\_\_\_\_** g926  *[Enter 0 if none.]* | **Of the** (col 2) **adult does, how many received an antibiotic to treat the condition at least once during the previous  12 months?**  **\_\_\_\_\_\_\_** g927  *[Enter 0 if none.]* | **Code for PRIMARY antibiotic used** | **Of the** (col 2) **adult does, how many died or were euthanized primarily due to this condition?** *[must be less than or equal  to 1c nonpredator]* | **Of the** (col 2) **adult does, how many were removed primarily due to this condition?** |
| a. Digestive: intestinal worms | g1032 |  |  | g1076 | g1092 |
| b. Other digestive problems (e.g., scours, overeating/enterotoxemia | g1033 | g1048 | g1062 | g1077 | g1093 |
| c. Pinkeye | g1034 | g1049 | g1063 | g1078 | g1094 |
| d. Central nervous system signs (e.g., uncoordinated, staggering, swaying, falling down, circling, blindness) | g1035 | g1050 | g1064 | g1079 | g1095 |
| e. Respiratory problems (e.g., pneumonia, shipping fever, runny nose) | g1036 | g1051 | g1065 | g1080 | g1096 |
| f. Reproductive problems: abortions | g1037 | g1052 | g1066 | g1081 | g1097 |
| g. Other reproductive problems (e.g., retained placenta/uterine infection, dystocia) | g1038 | g1053 | g1067 | g1082 | g1098 |
| h. Mastitis | g1039 | g1054 | g1068 | g1083 | g1099 |
| i. Metabolic problems (e.g., milk fever, twin kid disease, pregnancy toxemia) | g1040 | g1055 | g1069 | g1084 | g1100 |
| j. Lameness: Footrot | g1041 | g1056 | g1070 | g1085 | g1101 |
| k. Other Lameness (e.g., joint swelling, wound) | g1042 | g1057 | g1071 | g1086 | g1102 |
| l. Weather-related causes or poisoning/toxicity (e.g., chilling, drowning, lightning, noxious feeds/weeds) | g1043 |  |  | g1087 | g1103 |
| m. Chronic weight loss | g1044 | g1058 | g1072 | g1088 | g1104 |
| n. Other known conditions (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) g1045oth | g1045 | g1059 | g1073 | g1089 | g1105 |
| o. Unknown conditions (e.g., found dead) | g1046 | g1060 | g1074 | g1090 | g1106 |
| p. Total | g1047 | g1061 | g1075 | g1091 | g1107 |
|  |  |  |  | Total = lc (nonpredator) |  |

9. During the period from September 1, 2018, through August 31, 2019, were

there any **adult bucks/wethers** on the operation? g1108 1 Yes 3 No

**[If question 9 = No, SKIP to Section H.]**

10. How many **different adult bucks/wethers** became affected with the following conditions?

Of those affected adult bucks/wethers, how many received an antibiotic, what was the primary

antibiotic used, how many died and how many were removed (culled)?

Note: **Do not** include antibiotics administered in the feed or drinking water. Include intramammary antibiotics, antibiotics used topically, and antibiotics used by injection, bolus, or drench.

Only answer for treatment uses, do not include prevention.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **Condition** | **No. of different adult bucks/wethers affected in previous 12 months?**  **\_\_\_\_\_\_\_** g926  *[Enter 0 if none.]* | **Of the** (col 2) **adult bucks/wethers, how many received an antibiotic to treat the condition at least once during the previous  12 months?**  **\_\_\_\_\_\_\_** g927  *[Enter 0 if none.]* | **Code for PRIMARY antibiotic used** | **Of the** (col 2) **adult bucks/wethers, how many died or were euthanized primarily due to this condition?** *[must be less than or equal  to 1d nonpredator]* | **Of the** (col 2) **adult bucks/wethers, how many were removed primarily due to this condition?** |
| a. Digestive: intestinal worms | g1109 |  |  | g1141 | g1154 |
| b. Other digestive problems (e.g., scours, overeating/enterotoxemia | g1110 | g1121 | g1131 | g1142 | g1155 |
| c. Pinkeye | g1111 | g1122 | g1132 | g1143 | g1156 |
| d. Central nervous system signs (e.g., uncoordinated, staggering, swaying, falling down, circling, blindness) | g1112 | g1123 | g1133 | g1144 | g1157 |
| e. Respiratory problems (e.g., pneumonia, shipping fever, runny nose) | g1113 | g1124 | g1134 | g1145 | g1158 |
| f. Reproductive problems: other (e.g., penile or testicular disorders, urinary calculi) | g1114 | g1125 | g1135 | g1146 | g1159 |
| g. Lameness: Footrot | g1115 | g1126 | g1136 | g1147 | g1160 |
| h. Lameness (e.g., joint swelling, wound) | g1116 | g1127 | g1137 | g1148 | g1161 |
| i. Weather-related causes and poisoning/toxicity (e.g., chilling, drowning, lightning, noxious feeds/weeds) | g1117 |  |  | g1149 | g1162 |
| j. Chronic weight loss | g1118 | g1128 | g1138 | g1150 | g1163 |
| k. Other known conditions (specify\_\_\_\_\_\_\_\_\_\_\_\_\_) g1119oth | g1119 | g1129 | g1139 | g1151 | g1164 |
| l. Unknown conditions (e.g. found dead) | g1120 | g1130 | g1140 | g1152 | g1165 |
| m. Total |  |  |  | g1153 | g1166 |
|  |  |  |  | Total = 1d (nonpredator) |  |

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**NAHMS Goat 2019**

**Dairy Operation**

**Questionnaire**

National Animal Health Monitoring System

2150 Centre Ave, Bldg B

Fort Collins, CO 80526

Form Approved

OMB Number 0579-0004

Approval expires: xxxx

**Animal and Plant**

**Health Inspection**

**Service**

**Veterinary**

**Services**

**NAHMS-453**

# Date

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# 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 that were born on the operation and 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 (culled) 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: d111

[Select one only.] 1 Daily 2 Monthly 3 Less frequently than monthly 4 Never

**[If Question 10=Never or milk is not weighed throughout the entire lactation then skip to section I.]**

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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.]

**NAHMS-454  
Date**

# Section I—General Management

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

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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**NAHMS-453**

# Date

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# Date

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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 Milk column = No and Cheese or other milk products = No, SKIP to Question 5.]**

**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 raw (unpasteurized)

goat milk or raw goat milk products intended for 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. Other 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, did this operation test

milk on-farm for antibiotic residues?................................603 1 Yes 3 No 4  NA (no antibiotics used)

**[If question 3 = No 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 mastitic 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

Section O: Office Use Only

State FIPS:\_\_\_\_\_\_\_\_\_\_ Operation #:\_\_\_\_\_\_\_\_\_ Interviewer:\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

2-digits 4-digits Initials (mm/dd/yy)

1. Total time for interview (include time to discuss the program and complete the

questionnaire). If more than one data collector present, enter the combined time gitime \_\_\_\_\_ min

2. Total travel time (round trip). If more than one data collector present,

enter the combined time. gttime \_\_\_\_\_ min

3. Data collector(s): *[Enter the number for each category.]*

\_\_\_\_ Federal VMO \_\_\_\_ Federal AHT \_\_\_\_ State personnel \_\_\_\_ Other (specify) gvmo/gaht/gst/goth

4. Enter response code 99 if questionnaire is completed or enter

one code of 00–07 that best describes the reason why the owner

is not participating grco \_\_\_\_\_ code

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact attempt history** | | | |
| **Date** (mm/dd) | **Time** (am/pm) | **Action** | **Outcome** |
| *1/22* | *4:30 pm* | *Phone call* | *Left msg on machine* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| gdate | gtime | gaction | goutcome |

99 = Survey completed

00 = Inaccessible after five contact attempts

01 = Poor time of year or no time

02 = Does not want anyone on operation

03 = Bad experience with government veterinarians

04 = Does not want to do another survey or divulge

information

05 = Told NASS they did not want to be contacted

06 = Ineligible (no goats)

07 = Other reason (explain below)

5. This operation plans to complete the following biologics testing:

Pre- and post parasite testing gpara 🞏1 Yes 🞏2 No

Scrapie genetic resistance testing/serum banking/nasal swabs/vaginal swabs gscrap 🞏1 Yes 🞏2 No

Fecal pathogen testing gfecal 🞏1 Yes 🞏2 No

6. Which of the following best describes the respondent’s position

with this operation? gpos \_\_\_\_\_ code

1 = Owner

2 = Manager

3 = Family member (other than owner or manager)

4 = Other hired employee

5 = Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)gposoth

7. Producer data quality gpdq 🞏1 Good to excellent 🞏2 OK 🞏3 Poor

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

Comments regarding this questionnaire or operation:

VMO or AHT signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE COORDINATOR:**

Field data quality gfdq 🞏1 Good to excellent 🞏2 OK 🞏3 Poor