



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  
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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.]**

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**NAHMS-453**  
**Date**

## Section B—Preventive Practices

1. Do you have a written herd health management plan for your operation? .....g201 <sub>1</sub> Yes <sub>3</sub> No

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

- |  |  |
|--|--|
| a. Veterinarian..... g202                          | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| b. Extension (university) ..... g203               | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| c. Other producers..... g204                       | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| d. Reference materials (online or book) ..... g205 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| e. Other (specify: _____) g206oth..... g206        | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |

2. In the last 12 months, did this operation normally require or perform individual animal testing for any of the following diseases:

- |  | <b>Resident goats<br/>in herd</b>  | <b>New additions</b><br><small>[SKIP if no new additions.]</small>                 |
|--|--|--|
| a. Caprine arthritis encephalitis (CAE)?.....g207/g215         | <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. Johne's (paratuberculosis)?.....g208/g216                   | <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. Brucellosis?.....g209/g217                                  | <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. Q fever (coxiellosis)?.....g210/g218                        | <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. Caseous lymphadenitis (boils, CL, abscesses)?.....g211/g219 | <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 |
| f. Scrapie?.....g212/g220                                      | <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 |
| g. Tuberculosis?.....g213/g221                                 | <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 |
| h. Other? (specify: _____) g214oth.....g214/g222               | <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 |

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  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |  |
| b. Cull the animal to market or slaughter.....g225   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |  |
| c. Isolate the goats.....g226  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |  |
| i. If Yes, how many days was the goat isolated?.....g227                                   |  | _____ (d)  |
| d. Drain or lance the lumps.....g228   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |  |
| i. If Yes, was the drainage disposed of away from the goat raising areas? g229             |  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| e. Lab tests for caseous lymphadenitis (CL)/abscesses (e.g., culture, SHI test) ..... g230 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |  |
| f. Treat with antibiotics.....g231   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |  |
| g. Inject a substance into the abscess/lump.....g232                                       | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |  |

h. Other (specify: \_\_\_\_\_) g233oth.....g233  Yes  No

5. During the previous 12 months, did **any** adult or kid goats on your operation receive any vaccines? g240  Yes  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 <b>didn't</b> have this class of goat →	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<small>g241/g265/g281/g297</small>
CLOSTRIDIAL vaccines?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<small>g242/g266g282/g298</small>
<b>[If column = Yes, enter product code for vaccine used.]</b>					
a. Clostridium type C and D for enterotoxemia (overeating disease, bloody scours, pulpy kidney disease) [Not as part of a 7/8 way.]					<small>g244/g268/g284/g300</small>
b. Tetanus ( <i>Cl. tetani</i> ) [Not as part of a 7/8 way.]					<small>g245/g269g285/g301</small>
c. 7- or 8 way vaccine (Blackleg, malignant edema, <i>Clostridium chauvoei</i> and/or <i>Cl. septicum</i> ) and/or <i>Cl. novyi</i> and/or <i>Cl. Sordellii</i> and C D and T)					<small>g246/g270/g286/g302</small>
RESPIRATORY vaccines?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<small>g247/g271/g287/g303</small>
d. Pneumonia ( <i>Pasteurella/Mannheimia</i> )					<small>g248/g272/g288/g304</small>
e. BRSV					<small>g249/g273/g289/g305</small>
f. Other respiratory vaccines					<small>g250/g274/g290/g306</small>
MASTITIS vaccines?			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No		<small>g251</small>
g. <i>Staph. aureus</i>					<small>g252</small>
h. Gram negative ( <i>E. coli</i> , J5)					<small>g253</small>
i. Other mastitis vaccines					<small>g254</small>
ANTI-ABORTION vaccines?			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No		<small>g255</small>
j. EAE ( <i>Chlamydia abortus</i> )					<small>g256</small>
k. Leptospirosis					<small>g257</small>
l. <i>Campylobacter fetus/ jejuni (vibrio)</i>					<small>g258</small>
OTHER vaccines?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	<small>g259/g275/g291/g307</small>
m. CL (Abscesses, caseous lymphadenitis)					<small>g260/g276/g292/g308</small>
n. Sore mouth (contagious ecthyma)					<small>g261/g277/g293/g309</small>
o. Rabies					<small>g262/g278/g294/g310</small>
p. Scour control					<small>g263/g279/g295/g311</small>
q. Other vaccines					<small>g264/g280/g296/g312</small>

**[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

- <sub>1</sub> 3 to 4 times a year
- <sub>2</sub> Twice a year
- <sub>3</sub> Annually
- <sub>4</sub> 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?

<sub>1</sub> NA (sore mouth vaccine not used) **SKIP to question 9.**

	<b>Gave vaccine</b>	<b>If Yes, were gloves worn?</b>		
a. Veterinarian.....g314/g318	<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>2</sub> DK	<input type="checkbox"/> <sub>3</sub> No
b. Farm worker(s).....g315/g319	<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>2</sub> DK	<input type="checkbox"/> <sub>3</sub> No
c. Owner/operator.....g316/g320	<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>2</sub> DK	<input type="checkbox"/> <sub>3</sub> No
d. Other (specify: _____) g317oth.....g317/g321	<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>2</sub> DK	<input type="checkbox"/> <sub>3</sub> 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	<input type="checkbox"/> <sub>1</sub> Very	<input type="checkbox"/> <sub>2</sub> Somewhat	<input type="checkbox"/> <sub>3</sub> Not
b. Not easily obtainable.....g323	<input type="checkbox"/> <sub>1</sub> Very	<input type="checkbox"/> <sub>2</sub> Somewhat	<input type="checkbox"/> <sub>3</sub> Not
c. Mode of administration not convenient.....g324	<input type="checkbox"/> <sub>1</sub> Very	<input type="checkbox"/> <sub>2</sub> Somewhat	<input type="checkbox"/> <sub>3</sub> Not
d. Vaccine is live.....g325	<input type="checkbox"/> <sub>1</sub> Very	<input type="checkbox"/> <sub>2</sub> Somewhat	<input type="checkbox"/> <sub>3</sub> Not
e. Other goat owner/producer recommended against it.....g326	<input type="checkbox"/> <sub>1</sub> Very	<input type="checkbox"/> <sub>2</sub> Somewhat	<input type="checkbox"/> <sub>3</sub> Not
f. Veterinarian recommended against it.....g327	<input type="checkbox"/> <sub>1</sub> Very	<input type="checkbox"/> <sub>2</sub> Somewhat	<input type="checkbox"/> <sub>3</sub> Not
g. No history of sore mouth.....g328	<input type="checkbox"/> <sub>1</sub> Very	<input type="checkbox"/> <sub>2</sub> Somewhat	<input type="checkbox"/> <sub>3</sub> Not
h. Did not know it was available.....g329	<input type="checkbox"/> <sub>1</sub> Very	<input type="checkbox"/> <sub>2</sub> Somewhat	<input type="checkbox"/> <sub>3</sub> 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	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>3</sub> No
b. A State-sponsored certification program.....g331	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>3</sub> No
c. Other (specify: _____) g332oth.....g332	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>3</sub> 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 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> NA (no breeding does/bucks acquired)
  - b. Use known, reputable source(s) of goats (not sale barn).....g334 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> NA (no goats added)
  - c. Prohibit contact with goats from other operations.....g335 <sub>1</sub> Yes <sub>3</sub> No
  - d. Do not expose kids to feces of infected or unknown status does.....g336 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> NA (no kids or no does)
  - e. Conduct definitive tests for Johne's at necropsy.....g337 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't know
  - f. Other measures (specify: \_\_\_\_\_) g338oth. .g338 <sub>1</sub> Yes <sub>3</sub> No
  - g. Test any goats, sheep, or cows for Johne's g339 <sub>1</sub> Yes <sub>3</sub> No

If 11g =Yes, do you test:

**What type of test(s) are used:**

a. The goat herd annually	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g340	Fecal <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <sup>345b</sup> Blood <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <sup>345f</sup> Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <sup>345o</sup> (specify: _____) g345oth
b. Any goats with clinical signs (chronic weight loss despite a good appetite)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> NA (no goats with clinical signs) g341	Fecal <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g346f Blood <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g346b Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g346o (specify: _____) g346oth
c. All incoming goats	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> NA (no goats added) g342	Fecal <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g347f Blood <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g347b Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g347o (specify: _____) g347oth
d. All incoming sheep	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> NA (no sheep added) g343	Fecal <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g348f Blood <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g348b Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g348o (specify: _____) g348oth
e. All incoming cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> NA (no cows added) g344	Fecal <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g349f Blood <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g349b Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> 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	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	G357/G366
b. Animal handling	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	G358/G367
c. Euthanasia	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> NA <input type="checkbox"/> <sub>3</sub> No	G359/G368
d. Kid rearing practices	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> NA <input type="checkbox"/> <sub>3</sub> No	G360/G369
e. Husbandry procedures (e.g., disbudding, castration, tattooing)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> NA <input type="checkbox"/> <sub>3</sub> No	G361/G370
f. Transportation of goats	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	G362/G371
g. Milking routines	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> NA <input type="checkbox"/> <sub>3</sub> No	G363/G372
h. Feeding and nutrition	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	G364/G373
i. Goat behavior	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	G365/G374
j. Other (Specify.....)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	G375OTH

### Section C—Kidding Management

1. During the previous 12 months, were any kids born on this operation?.....g401 <sub>1</sub> Yes <sub>3</sub> 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 <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never
  - c. Were kids physically separated from their dams prior to weaning off milk?.....g406 <sub>1</sub> Yes <sub>3</sub> 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
<input type="checkbox"/> _1 Never cleaned	<input type="checkbox"/> _1 Never disinfected
<input type="checkbox"/> _2 Cleaned once at the end of the kidding season	<input type="checkbox"/> _2 Disinfected once at the end of the kidding season
<input type="checkbox"/> _3 Cleaned multiple times throughout the kidding season	<input type="checkbox"/> _3 Disinfected multiple times throughout the kidding season
<input type="checkbox"/> _4 Cleaned after each kidding	<input type="checkbox"/> _4 Disinfected after each kidding
<input type="checkbox"/> _5 Other (specify: _____) g419oth g419	<input type="checkbox"/> _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  Fed immediately **OR** \_\_\_\_\_ h

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

	<b>Doe kids</b>	<b>Buck kids</b>
	<i>[Check one only.] [Check one only.]</i>	
a. Bottle..... g440/g443	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Tube feeder (esophageal feeder)..... g441/g444	<input type="checkbox"/> 2	<input type="checkbox"/> 2
c. Bucket..... g442/g445	<input type="checkbox"/> 3	<input type="checkbox"/> 3

11. How many ounces of colostrum was normally fed by hand to newborn doe and buck kids

	<b>Doe kids</b>	<b>Buck kids</b>
a. At the first feeding? <i>[If allowed to nurse prior to hand feeding, enter 0.]</i> ..... g446/g449	_____	_____ OZ
b. Total for all <b>subsequent</b> 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)?

	<b>Doe kids</b>	<b>Buck kids</b>
a. Individual doe <b>unpasteurized</b> colostrum..... g452/g459	_____	_____ %
b. Individual doe <b>pasteurized</b> colostrum..... g453/g460	_____	_____ %
c. Pooled (mixed from multiple does) <b>unpasteurized</b> colostrum..... g454/g461	_____	_____ %
d. Pooled (mixed from multiple does) <b>pasteurized</b> colostrum..... g455/g462	_____	_____ %
e. Commercial colostrum replacer or supplements..... g456/g463	_____	_____ %
f. Cow colostrum..... g457/g464	_____	_____ %
g. Other (specify: _____) g458oth..... g458/g465	_____	_____ %
	<b>100%</b>	<b>100%</b>

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:

	<b>Doe kids</b>	<b>Buck kids</b>
a. Nursing only..... g467a/g478a	_____	_____ %
b. Nursed plus other liquid diet..... g467b/g478b	_____	_____ %



c. Other liquid diet only.....g467c/g478c	_____	_____ %
d. 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
a. Unpasteurized goat milk.....g468/g479	_____	_____ %
b. Pasteurized goat milk .....g469/g480	_____	_____ %
c. Unpasteurized waste goat milk.....g470/g481	_____	_____ %
d. Pasteurized waste goat milk.....g471/g482	_____	_____ %
e. Cow milk.....g472/g483	_____	_____ %
f. Nonmedicated goat milk replacer.....g473/g484	_____	_____ %
g. Medicated goat milk replacer.....g474/g485	_____	_____ %
h. Nonmedicated cow milk replacer.....g475/g486	_____	_____ %
i. Medicated cow milk replacer.....g476/g487	_____	_____ %
j. 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	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 DK	<input type="checkbox"/> 3 No
b. OTC (oxytetracycline).....g490	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 DK	<input type="checkbox"/> 3 No
c. NT, Neo-Terramycin®, Neo-Oxy (neomycin and oxytetracycline).....g491	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 DK	<input type="checkbox"/> 3 No
d. Deccox® (decoquinat).....g492	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 DK	<input type="checkbox"/> 3 No e.
Bovatec® (lasalocid).....g493	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 DK	<input type="checkbox"/> 3 No
f. Other (specify: _____) g494oth.....g494	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 DK	<input type="checkbox"/> 3 No

17. Excluding kids that nursed <b>only</b> , 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
<input type="checkbox"/> <sub>1</sub> Never cleaned	<input type="checkbox"/> <sub>1</sub> Never disinfected
<input type="checkbox"/> <sub>2</sub> After the kids were weaned and moved	<input type="checkbox"/> <sub>2</sub> After the kids were weaned and moved
<input type="checkbox"/> <sub>3</sub> Less than once a day	<input type="checkbox"/> <sub>3</sub> Less than once a day
<input type="checkbox"/> <sub>4</sub> Once a day	<input type="checkbox"/> <sub>4</sub> Once a day
<input type="checkbox"/> <sub>5</sub> After each feeding	<input type="checkbox"/> <sub>5</sub> After each feeding
<input type="checkbox"/> <sub>6</sub> Other (specify: _____) g505oth g505	<input type="checkbox"/> <sub>6</sub> 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
- <sub>1</sub> Had not heard of the FAMACHA© card before this study
- <sub>2</sub> Have seen or heard about the FAMACHA© card, but do not use
- <sub>3</sub> Have used the FAMACHA© card some
- <sub>4</sub> 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 <sub>1</sub> Yes <sub>3</sub> No
- b. Selectively deworm goats or kids (e.g., only goats with certain scores are dewormed)?.....g603 <sub>1</sub> Yes <sub>3</sub> No
- c. Other? (specify: \_\_\_\_\_) g604oth.....g604 <sub>1</sub> Yes <sub>3</sub> 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
- <sub>1</sub> Self or employee on the operation
- <sub>2</sub> Private veterinarian
- <sub>3</sub> State/university laboratory

- Private laboratory
- Other (specify: \_\_\_\_\_) g610oth

6. During the **previous 3 years**, did you **deworm** any goats with medications or natural/alternative dewormers?.....g611  Yes  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:

	<b>Kids</b>	<b>Adults</b>
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 7b-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  Yes  No  DK
- b. Natural or alternative substances
  - i. Diatomaceous earth.....g621  Yes  No  DK
  - ii. Botanicals/herbs/cayenne pepper.....g622  Yes  No  DK
  - iii. Copper oxide particles.....g623  Yes  No  DK
  - iv. Other (specify: \_\_\_\_\_) g624oth.....g624  Yes  No  DK
- c. Avermectins (e.g., Ivomec® Cydectin® Dectomax®).....g625  Yes  No  DK  
 If Yes, check route(s) of administration.....g626  Drench/paste  Injection  Pour-on
- d. Benzimidazoles (e.g., Panacur®/Safeguard®/Valbazen®).....g627  Yes  No  DK  
 If Yes, check route(s) of administration.....g628  Drench/paste  In feed  Other (specify \_\_\_\_\_)
- e. Imidazothiazoles (e.g., Levasole®--levamisole).....g629  Yes  No  DK  
 If Yes, check route(s) of administration.....g630  Oral  Injection
- f. Benzenesulphonamides (e.g., Curatrem®, Ivomec Plus®).....g631  Yes  No  DK
- g. Tetrahydropyrimidines (e.g., Rumatel®).....g632  Yes  No  DK
- i. Other (specify: \_\_\_\_\_) g633oth.....g633  Yes  No  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.

- |   | <b>Code</b> |
|---|-------------|
| 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  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA (goats not on pasture) |
| b. Select for parasite-resistant goats or cull worm-susceptible goats.....g640                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| c. Use a higher dose of dewormer in goats than the labeled dose recommended for sheep..... g641    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| d. Give a combination of two or more dewormer drugs at once.....g642                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| e. Rotate dewormers..... g643  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| f. Graze multiple species on the same pasture.....g644   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA (goats not on pasture) |
| g. Leave animals in a dry lot after deworming for 24 to 48 h.....g645                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| h. Change kidding season to reduce the risk of high parasite exposure.....g646                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| i. Provide additional protein supplement to increase resistance.....g647                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| j. Feed a biological control product such as BioWorma® ( <i>Duddingtonia flarigrans</i> ).....g648 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| k. Other (specify: _____) g649oth.....g649   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

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

external parasites on your goats:

a. Lice? ..... g650

<sub>1</sub> Yes    <sub>3</sub> No

b. Mites?..... g651

<sub>1</sub> Yes    <sub>3</sub> No

c. Ticks?..... g652

<sub>1</sub> Yes    <sub>3</sub> 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

- <sub>1</sub> Visual observation of udder and/or milk
- <sub>2</sub> California mastitis test (CMT) or somatic cell count (SCC)
- <sub>3</sub> Culture of milk
- <sub>4</sub> Other (specify: \_\_\_\_\_) g703oth

4. Did any bred does abort during the previous 12 months? .....g704 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub>NA (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 <sub>1</sub> Yes <sub>3</sub> No
- b. Cleaned the area by removing bedding and/or dirt.....g706 <sub>1</sub> Yes <sub>3</sub> No
- c. Disinfected the area.....g707 <sub>1</sub> Yes <sub>3</sub> No
- d. Physically separated does that aborted from other does.....g708 <sub>1</sub> Yes <sub>3</sub> No

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

- <sub>1</sub> Permanently removed from the herd *[SKIP to question 6.]*
- <sub>2</sub> Not returned to the herd for the rest of the kidding season *[SKIP to question 6.]*
- <sub>3</sub> 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?

	<b>Abortions suspected to be caused by the following?</b>	<b>If Yes, diagnosed by a vet or lab?</b>
a. Campylobacteriosis (vibrio abortion).....g711/g719	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> DK <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Chlamydiosis (enzootic abortion).....g712/g720	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> DK <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Toxoplasmosis.....g713/g721	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> DK <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. Q fever.....g714/g722	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> DK <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
e. Salmonellosis.....g715/g723	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> DK <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
f. Listeriosis.....g716/g724	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> DK <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

- g. Cache Valley virus.....g717/g725 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No <sub>1</sub> Yes <sub>3</sub> No
- h. Other (specify: \_\_\_\_\_) g718oth.....g718/g726 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No <sub>1</sub> Yes <sub>3</sub> 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.]*

- |  | <b>Suspected to be in the herd during the previous 3 years</b>                     | <b>If Yes, diagnosed by a veterinarian or a lab?</b>                               |
|--|--|--|
| a. Caprine arthritis encephalitis (CAE)?.....g727/g732         | <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. Caseous lymphadenitis (boils, CL, abscesses)?.....g728/g733 | <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. Johne's (paratuberculosis)?.....g729/g734                   | <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. Q fever (coxiellosis)?.....g730/g735                        | <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. Sore mouth (orf, contagious ecthyma)?.....g731/g736         | <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 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 <sub>1</sub> 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:

- |                                    | <b>Infected with:</b>   | <b>IF YES, Diagnosed by a doctor?</b>  |
|------------------------------------|---|--|
| a. Q fever?.....g740/g742          | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> DK <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| b. Sore mouth (orf)?.....g741/g743 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> DK <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |

11. During the previous 12 months, were any goats given any injections?.....g744 <sub>1</sub> Yes <sub>3</sub> No

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

12. For each goat injected, was a new needle used?.....g745 <sub>1</sub> Yes <sub>3</sub> No

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

13. Were the needles chemically disinfected between goats?..... g746 <sub>1</sub> Yes <sub>3</sub> 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, dehorers)?.....g747 <sub>1</sub> Yes <sub>3</sub> No

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

15. Was shared equipment cleaned prior to use?.....g748 <sub>1</sub> Yes <sub>3</sub> No

If Yes, which of the following **best** describes this operation's cleaning procedures? [Check one only.]

g749

<sub>1</sub> Wash equipment with water (with or without soap) or steam only

<sub>2</sub> Chemically disinfect only

<sub>3</sub> Wash and chemically disinfect equipment

<sub>4</sub> 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 <sub>1</sub> Yes <sub>3</sub> 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	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	-----
b. Decoquinate (Deccox®).....g803/g810	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	-----
c. Amprolium (Corid®).....g804/g811	<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. Sulfa drugs (Albon®, Sulmet®, etc.).....g805/g812	<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 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

<sub>1</sub> Yes <sub>3</sub> No

<sub>1</sub> Yes <sub>3</sub> 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 <sub>1</sub> Yes <sub>3</sub> No



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 <sub>1</sub> Yes <sub>3</sub> 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 <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g819 <b>If No, SKIP to next goat type.</b>	Respiratory disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g821r Digestive disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g821d  Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g821o (specify: _____) g821oth	_____ g823r _____ g823d _____ g823o	_____ g825r _____ g825d _____ g825o	_____ g827r _____ g827d _____ g827o
Adults <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g820 <b>If No, SKIP to question 6.</b>	Respiratory disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g822r Digestive disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g822d  Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> 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 <sub>1</sub> Yes <sub>3</sub> 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 <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g830 <b>If No, SKIP to next goat type.</b>	Respiratory disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g833r Digestive disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g833d Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g833o (specify: _____) g833oth	_____ g836r _____ g836d _____ g836o	_____ g839r _____ g839d _____ g839o	_____ g842r _____ g842d _____ g842o
Weaned kids <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g831	Respiratory disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g834r	_____ g837r	_____ g840r	_____ g843r

If No, SKIP to next goat type.	Digestive disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g834d	_____ g837d	_____ g840d	_____ g843d
	Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g834o (specify: _____) g834oth	_____ g837o	_____ g840o	_____ g843o
	Respiratory disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g835r	_____ g838r	_____ g841r	_____ g844r
Adults <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g832  If No, SKIP to section G.	Digestive disease <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g835d	_____ g838d	_____ g841d	_____ g844d
	Other <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No g835o (specify: _____) g834oth	_____ g838o	_____ g841o	_____ g844o
				_____ 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:

	<b>Total head</b>	<b>Lost/stolen</b>	<b>Predator (died/euthanized)</b>	<b>Nonpredator (died/euthanized)</b>
a. Preweaned kids.....g901/g906/g911/g916	_____	_____	_____	_____ head
b. Weaned kids.....g902/g907/g912/g917	_____	_____	_____	_____ head
c. Adult does.....g903/g908/g913/g918	_____	_____	_____	_____ head
d. Adult bucks/wethersg904/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 <sub>1</sub> Yes <sub>3</sub> 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? <i>[must be less than or equal to 1a nonpredator]</i>	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

. Total				g971	g981
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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? <i>[must be less than or equal to 1b nonpredator]</i>	Of the (col 2) weaned kids, how many were removed primarily due to this condition?
	a. Digestive: intestinal worms	g983			g1009
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 poisoning/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 Condition	2 No. of different adult does affected in previous 12 months? ↓ _____ g926 [Enter 0 if none.]	3 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.]	4 Code for PRIMARY antibiotic used	5 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]	6 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 = 1c  
(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        <b>Condition</b>	2  <b>No. of different adult bucks/wethers affected in previous 12 months?</b>  ↓  _____ g926  [Enter 0 if none.]	3  <b>Of the (col 2) adult bucks/wethers, how many received an antibiotic to treat the condition at least once during the previous 12 months?</b>  _____ g927  [Enter 0 if none.]	4  <b>Code for PRIMARY antibiotic used</b>	5  <b>Of the (col 2) adult bucks/wethers, how many died or were euthanized primarily due to this condition?</b> <i>[must be less than or equal to 1d nonpredator]</i>	6  <b>Of the (col 2) adult bucks/wethers, how many were removed primarily due to this condition?</b>
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)



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 0579-0004 Approval expires: xxx

## 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 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.]  Daily  Monthly  Less frequently than monthly  Never

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

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 0579-0004. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.



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1. Of the total number of does, what percentage were certified organic?.....d202      <sub>1</sub> Yes    <sub>3</sub> No
2. During the previous 12 months, did this operation produce any certified organic dairy milk?.....d202      <sub>1</sub> Yes    <sub>3</sub> No
3. During the previous 12 months, did your operation milk any dairy **cows**?...d204      <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?.....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      <sub>1</sub> Yes    <sub>3</sub> No
  - b. Volume of first milking colostrum (in pounds).....d304      <sub>1</sub> Yes    <sub>3</sub> No
  - c. Colostrometer.....d305      <sub>1</sub> Yes    <sub>3</sub> No
  - d. Brix refractometer (handheld measuring device).....d306      <sub>1</sub> Yes    <sub>3</sub> No
  - e. Other (specify: \_\_\_\_\_) d306oth.....d306      <sub>1</sub> Yes    <sub>3</sub> No
4. What is the typical feeding protocol during the first 4 weeks of life?

**Milk Consumption Record**

**NAHMS-454**  
**Date**

Kid week of life	Amount of milk offered at each feeding (ounces)	Frequency (times per day)	
1 <sup>st</sup>	<input type="checkbox"/> <sub>1</sub> Left with dam <b>OR</b> _____ OZ		d309/d313/d317/d321
2 <sup>nd</sup>	<input type="checkbox"/> <sub>1</sub> Left with dam <b>OR</b> _____ OZ		d310/d314/d318/d322
3 <sup>rd</sup>	<input type="checkbox"/> <sub>1</sub> Left with dam <b>OR</b> _____ OZ		d311/d315/d319/d323
4 <sup>th</sup>	<input type="checkbox"/> <sub>1</sub> 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 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 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 <sub>1</sub> Yes <sub>3</sub> No <sub>1</sub> Yes <sub>3</sub> No
- b. To retail establishments, restaurants, or other commercial sales?.....d416/d421 <sub>1</sub> Yes <sub>3</sub> No <sub>1</sub> Yes <sub>3</sub> No

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

d. To a wholesaler, dealer, or processor  
(e.g., cheese plant)?.....d418/d423      <sub>1</sub> Yes    <sub>3</sub> No <sub>1</sub> Yes    <sub>3</sub> No

e. 

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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      <sub>1</sub> Yes    <sub>3</sub> No
  - b. Low bacteria counts?.....d426      <sub>1</sub> Yes    <sub>3</sub> No
  - c. Low somatic cell count?.....d427      <sub>1</sub> Yes    <sub>3</sub> No
  - d. Out-of-season milk?.....d428      <sub>1</sub> Yes    <sub>3</sub> No
  - e. Other? (specify: \_\_\_\_\_) d429oth.....d429      <sub>1</sub> Yes    <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      <sub>1</sub> Yes    <sub>3</sub> 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      <sub>1</sub> Yes    <sub>3</sub> No

7. During the previous 12 months, did this operation participate in a:
- a. Dairy Herd Improvement Association (DHIA) program?.....d432      <sub>1</sub> Yes    <sub>3</sub> No
  - b. Other Quality assurance program (a program to improve milk product quality through assessments and monitoring)?.....d433      <sub>1</sub> Yes    <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)

- 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
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, did this operation test milk on-farm for antibiotic residues?.....603 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> 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

- <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 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 <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	_____	_____
<b>Total</b>	<b>≥100%</b>	

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

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	_____ %
<b>Total</b>	<b>100%</b>

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]  $\geq 100\%$

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

## Section O: Office Use Only

<b>State FIPS:</b> _____ <small>2-digits</small>	<b>Operation #:</b> _____ <small>4-digits</small>	<b>Interviewer:</b> _____ <small>Initials</small>	<b>Date:</b> _____ <small>(mm/dd/yy)</small>
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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..... gtime \_\_\_\_\_ 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..... gcco \_\_\_\_\_ code

- 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)

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

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

Pre- and post parasite testing..... gpara	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Scrapie genetic resistance testing/serum banking/nasal swabs/vaginal swabs ..... gscrap	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Fecal pathogen testing..... gfecal	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> 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                      <sub>1</sub> Good to excellent    <sub>2</sub> OK    <sub>3</sub> Poor
8. Did the respondent use written or computerized records to assist in answering this survey?..... grec                      <sub>1</sub> Yes    <sub>3</sub> 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