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: 04/2022

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: Jun 2019

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:

ANSWER BOTH COLUMNS

		Resident goats in herd		New additions *[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.** g314na

		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 No g345f Blood ☐1 Yes ☐3 No g345b Other ☐1 Yes ☐3 No g345o (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/g367
b. Animal handling	☐1 Yes ☐3 No		g358/g368
c. Euthanasia	☐1 Yes ☐2 NA ☐3 No		g359/g369
d. Kid rearing practices	☐1 Yes ☐2 NA ☐3 No		g360/g370
e. Husbandry procedures (e.g., disbudding, castration, tattooing)	☐1 Yes ☐2 NA ☐3 No		g361/g371
f. Transportation of goats	☐1 Yes ☐3 No		g362/g372
g. Milking routines	☐1 Yes ☐2 NA ☐3 No		g363/g373
h. Feeding and nutrition	☐1 Yes ☐3 No		g364/g374
i. Goat behavior	☐1 Yes ☐3 No		g365/g375
j. Other (Specify_____)g376oth	☐1 Yes ☐3 No		g366/g376

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?

Colostrum Feeding Methods for question 10	
1	Bottle
2	Tube Feeder (esophageal feeder)
3	Bucket

	Doe kids	Buck kids
	[Enter one code.]	*[Enter one code.]*
	_____ g440	_____ g441

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
a.	Nursing only g467a/g468a	_____	_____ %
b.	Nursed plus other liquid diet g467b/g468b	_____	_____ %
c.	Other liquid diet only g467c/g468c	_____	_____ %
d.	Total	100%	100%

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

15. What percent of doe and buck kids, excluding kids that nursed only, 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	☐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

   ☐5 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/g616	_____	_____ #
b.	Dewormed once g613/g617	_____	_____ #
c.	Dewormed twice g614/g618	_____	_____ #
d.	Dewormed three or more times g615/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	☐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 g626d☐ Drench/paste	g626i☐ Injection	g626dp☐ Pour-on	
d.	Benzimidazoles (e.g., Panacur®/Safeguard®/Valbazen®) g627	☐1 Yes	☐3 No	☐4 DK
	If Yes, check route(s) of administration… g628d☐ Drench/paste	g628f☐ In feed	g628o☐ Other (specify_____) g628oth	
e.	Imidazothiazoles (e.g., Levasole®--levamisole) g629	☐1 Yes	☐3 No	☐4 DK
	If Yes, check route(s) of administration	☐g630o Oral	☐g630i 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	☐4 DK
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? ..... ☐1 D/K g702dk _____ head g702

[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 ☐4 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 ☐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 suspected to be caused by the following?			**IF YES, diagnosed by a 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.]*

		Suspected to be in the herd during the previous 3 years		IF YES, diagnosed by a veterinarian 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:

		Infected with:			IF YES, Diagnosed by 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	☐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 ☐3 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 ☐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 No g821r 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 No g820 **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	_____ g824r _____ g824d _____ g824o	_____ g826r _____ g826d _____ g826o	_____ 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: _____) g835oth	_____ 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.]

	Total head	If total head >0, how many of the total head were: Lost/stolen	Predator (died/euthanized)	Nonpredator (died/euthanized)
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 ☐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 Total = 1a (nonpredator)	g981

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 **Condition**	2 **No. of different weaned kids affected in previous 12 months?** ↓ _____ g924 *[Enter 0 if none.]*	3 **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.]*	4 **Code for PRIMARY antibiotic used**	5 **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]*	6 **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: _____) g991oth	g991	g999	g1007	g1017	g1028
j. Unknown conditions (e.g., found dead)	g992	g1000	g1008	g1018	g1029
k. Total				g1019 Total = lb (nonpredator)	g1030

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				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 **Condition**	2 **No. of different adult bucks/wethers affected in previous 12 months?** ↓ _____ g928 *[Enter 0 if none.]*	3 **Of the** (col 2) **adult bucks/wethers, how many received an antibiotic to treat the condition at least once during the previous 12 months?** _____ g929 *[Enter 0 if none.]*	4 **Code for PRIMARY antibiotic used**	5 **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]*	6 **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 Total = 1d (nonpredator)	g1166

USDA

Animal and Plant Health Inspection Service

Veterinary Services

NAHMS Goat 2019 Dairy Operation Questionnaire

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: d110
[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.]

11. What is the average milk production (in pounds) per doe? ... d111a/ d111b _____lb/year **OR** ___lb/day
[Answer in annual milk production per doe or pounds per doe per day.]
[Note: One gallon = 8.6 lb.]

Section I—General Management

1. Of the total number of dairy goats on this operation on September 1, 2019, 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**? .. d203 ☐1 Yes ☐3 No

4. What is the average number of days post kidding that does are put into the milking string? ..... d204 _____ d

5. What is the average length of lactation (days milked) for the majority of your does? ..... d205 _____ d

6. What is the maximum length of lactation (days milked) for any doe milked in the last 12 months? ..... d206 _____ d
   (Note: Some does could have been milked for more than 365 days.)

7. What is the average number of days does are dry? ..... d207 _____ 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
2nd	☐1 Left with dam **OR** _____ oz		d310/d314/d318
3rd	☐1 Left with dam **OR** _____ oz		d311/d315/d319
4th	☐1 Left with dam **OR** _____ oz		d312/d316/d320

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	☐1 Yes	☐3 No	☐1 Yes	☐3 No

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

If YES, were the products sold, traded or given away:		Milk		Cheese or other milk products	
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.]* d506

☐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

☐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

3. 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 d633a

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?

	Percent	**Withdrawal 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?

		Percent	**Withdrawal 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

   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*
gdate	gtime	gaction	goutcome

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