



Animal and
Plant Health
Inspection
Service

Veterinary
Services

Goat 2009 Second Questionnaire



National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-0354
Expiration date: 4/30/2012

**NASS Enumerator: Place label
with NAHMS ID here.**

Please help us learn about the goat industry by completing this questionnaire and mailing it in the accompanying business-reply envelope by **September 1, 2009**.

Your response is confidential and voluntary; however, we need your information to understand important goat issues and to make regional and national estimates as accurate as possible.

Thank you for your help!

Section A—Inventory

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

a. Kids (less than 1 year old).....	V101	_____ head
b. Goats (1 year old or older)	V102	_____ head
c. Total [Add 1a + 1b.]	V103	_____ head

2. What breed are the majority of the does on this operation?
[Check no more than two. If not purebred, list breeds next to Crossbred.]

V104/V105

<input type="checkbox"/> ₁ Alpine	<input type="checkbox"/> ₂ Angora	<input type="checkbox"/> ₃ Boer
<input type="checkbox"/> ₄ Kiko	<input type="checkbox"/> ₅ LaMancha	<input type="checkbox"/> ₆ Nigerian dwarf
<input type="checkbox"/> ₇ Nubian	<input type="checkbox"/> ₈ Pygmy	<input type="checkbox"/> ₉ Pygora
<input type="checkbox"/> ₁₀ Saanen	<input type="checkbox"/> ₁₁ Sable	<input type="checkbox"/> ₁₂ Spanish
<input type="checkbox"/> ₁₃ Tennessee Fainting goat	<input type="checkbox"/> ₁₄ Toggenburg	
<input type="checkbox"/> ₁₅ Crossbred (specify: _____) V104CROS		
<input type="checkbox"/> ₁₆ Other (specify: _____) V104OTH		
<input type="checkbox"/> ₁₇ No does on this operation		

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**NAHMS-219
JUL 2009**

3. Which of the following best describes the breed makeup of the majority of the 2009 kid crop?
[Check one only.] V106
- ₁ Purebred (1 breed)
- ₂ Crossbred (2 breeds) (specify: _____) V106CROS
- ₃ Crossbred (3 breeds) (specify: _____) V106OTH
- ₄ No 2009 kid crop

Section B—Herd Additions

4. During the previous 12 months, were any does or doe kids added to the herd (exclude doe kids born on the operation)? V107 ₁ Yes ₃ No
 If NO, how many years ago was the last addition made? V108 _____ years
5. During the previous 12 months, were any bucks, buck kids, or wethers added to the herd (exclude buck kids born on the operation)? V109 ₁ Yes ₃ No
 If NO, how many years ago was the last addition made? V110 _____ years

[If Questions 4 and 5 both = NO, SKIP to Question 9, p 3.]

6. Did you require the following for these newly added goats before introducing them to the rest of your herd?
- a. Veterinarian examination V111 ₁ Yes ₃ No
- b. Any vaccinations V112 ₁ Yes ₃ No
- c. Foot trim V113 ₁ Yes ₃ No
- d. Medicated footbath..... V114 ₁ Yes ₃ No
- e. Internal parasite treatment (deworming) V115 ₁ Yes ₃ No
- f. External parasite treatment..... V116 ₁ Yes ₃ No
- g. Inspect goats for abscesses and/or scars from previous abscesses V117 ₁ Yes ₃ No
- h. Other (specify: _____) V118OTH V118 ₁ Yes ₃ No
7. Before bringing goats onto the farm, did this operation **require** individual animal testing for:
- a. Caprine arthritis encephalitis (CAE)? V119 ₁ Yes ₃ No
- b. Johne's (paratuberculosis)? V120 ₁ Yes ₃ No
- c. Brucellosis? V121 ₁ Yes ₃ No
- d. Q fever? V122 ₁ Yes ₃ No
- e. Caseous lymphadenitis (boils, CL, abscesses)? V123 ₁ Yes ₃ No
- f. Other? (specify: _____) V124OTH V124 ₁ Yes ₃ No

8. During the previous 12 months, did this operation **require** that all new additions come from herds that were test-negative for:
- | | | | |
|--|--------------|---|--|
| a. Caprine arthritis encephalitis (CAE)? | V125 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Johne's (paratuberculosis)? | V126 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Brucellosis? | V127 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Q fever? | V128 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Caseous lymphadenitis (boils, CL, abscesses)? | V129 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Scrapie? | V130 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| g. Tuberculosis (TB)? | V131 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| h. Other? (specify: _____) | V132OTH V132 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

Section C—Preventive Practices

9. Does this operation **normally** use:
- | | Goats 1 yr old
or older | Kids less than
1 yr old |
|--|--|--|
| a. Feed medicated to prevent coccidia? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. Goat mineral block? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| c. Other mineral block (e.g., cow)? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| (specify: _____) V137OTH/V138OTH | | |
10. During the previous 12 months, did this operation test any goats for:
- | | | | |
|--|------|---|--|
| a. Caprine arthritis encephalitis (CAE)? | V139 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Johne's (paratuberculosis)? | V140 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Caseous lymphadenitis (boils, CL, abscesses)? | V141 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Scrapie? | V142 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Tuberculosis (TB)? | V143 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
11. During the previous 12 months, were **any** of your goats or kids vaccinated?
- V144 ₁ Yes ₃ No

[If Question 11 = NO, SKIP to Question 15, p 5.]

12. Were the following vaccines used in **any** goats or kids on this operation during the previous 12 months?

- a. *Clostridium* type C and D for enterotoxemia (overeating disease, bloody scours, pulpy kidney disease)?..... V145 ₁ Yes ₃ No ₄ Don't know
- If YES, how frequently are animals vaccinated for *Clostridium* C and D? V146
- ₁ Three to four times a year
- ₂ Twice a year
- ₃ Annually
- ₄ Less often than annually
- b. Tetanus? V147 ₁ Yes ₃ No ₄ Don't know
- c. Other clostridial diseases (blackleg, malignant edema, sorehead)? V148 ₁ Yes ₃ No ₄ Don't know
- d. Caseous lymphadenitis (boils, CL, abscesses)? V149 ₁ Yes ₃ No ₄ Don't know
- e. *Campylobacter* or chlamydia (abortions, EAE)? V150 ₁ Yes ₃ No ₄ Don't know
- f. Foot rot (Footvax)?..... V151 ₁ Yes ₃ No ₄ Don't know
- g. *Leptospirosis*? V152 ₁ Yes ₃ No ₄ Don't know
- h. Rabies? V153 ₁ Yes ₃ No ₄ Don't know
- i. *Pasteurella/Mannheimia* (pneumonia)? V154 ₁ Yes ₃ No ₄ Don't know
- j. Sore mouth (orf, contagious ecthyma)? V155 ₁ Yes ₃ No ₄ Don't know
- k. Other? (specify: _____) V156OTH..... V156 ₁ Yes ₃ No ₄ Don't know

[If you know the specific vaccine products used, please list them here:

_____] V157

[If Question 12j (sore mouth vaccine) = NO or Don't know, SKIP to Question 15, p 5.]

13. Which of the following sore mouth vaccines was used most recently? V158

- ₁ Colorado Serum Company
- ₂ Texas Agrilife
- ₃ Other (specify: _____) V158OTH
- ₄ Don't know

14. Who vaccinated goats for sore mouth during the previous 12 months, and did they wear gloves when administering the vaccine? (D/K = Don't know)

- | | <u>Gave vaccine</u> | <u>If YES, were gloves worn?</u> |
|---|--|--|
| a. Veterinarian.....V159/V160 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K |
| b. Farm worker(s).....V161/V162 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K |
| c. Owner/operatorV163/V164 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| d. OtherV165/V166
(specify: _____) V165OTH | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K |

15. Did you keep individual goat records of the following during the previous 12 months?

- | | | | |
|-------------------------------------|---|--|--|
| a. Vaccinations.....V167 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA - no vaccinations given |
| b. Antibiotic treatments.....V168 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA - no antibiotics given |
| c. Number of kids born.....V169 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA - no kids born |
| d. Birth weights.....V170 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA |
| e. Number of kids weanedV171 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA - no kids weaned |
| f. Weaning weights.....V172 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA |
| g. IllnessesV173 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA - no illnesses |
| h. Laboratory test results.....V174 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA - no tests done |
| i. Number of kid deaths.....V175 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA - no kids died |
| j. Reasons for kid deathsV176 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA |
| k. Reasons for culling.....V177 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₄ NA - no goats culled |

Section D—Parasite Control

16. Does this operation use the FAMACHA® card/eye color (anemia) score for goats or kids? V178 ₁ Yes ₃ No

[If Question 16 = NO, SKIP to Question 18.]

17. Do you use the FAMACHA card to:

- | | | |
|---|---|--|
| a. Identify or cull worm-susceptible goats or kids? V179 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Selectively deworm goats or kids (e.g., only goats with certain scores are dewormed)? V180 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Other? (specify: _____) V181OTH..... V181 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

18. How many times during the previous 3 years have you treated any goats or kids for internal parasites (with medications or natural/alternative dewormers)? V182 _____ times

[If Question 18 = ZERO, SKIP to Question 25, p 7.]

19. When you last dewormed goats or kids on this operation, what percentage of the herd received a dewormer?..... V183 _____ %

20. Did you use any of the following natural or chemical dewormers during the previous 12 months?
 [If YES, check box for method(s) of administration. D/K means Don't know.]

		Directly into mouth or in feed	Injection	Pour-on
a. High tannin concentrate plants (e.g., lespedeza) <small>V184/V185</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K			
b. Natural or alternative dewormers (e.g., diatomaceous earth, botanicals, herbs, cayenne pepper, copper oxide wire particles) (specify: _____) <small>V186/V187 V186OTH</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K			
c. Ivomec [®] -ivermectin or Dectomax [®] -doramectin <small>V188/V189/V190/V191</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K			
d. Cydectin [®] /Quest [®] -moxidectin <small>V192/V193/V194/V195</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K			
e. Panacur [®] /Safeguard [®] -fenbendazole, or Valbazen [®] -albendazole or Synanthic [®] -oxfendazole <small>V196/V197</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K			
f. Rumatel [®] -morantel or Strongid [®] -Pyrantel <small>V198/V199</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K			
g. Levasole [®] /Tramisol [®] -levamisole <small>V200/V201/V202 V203</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ D/K			
h. Other (specify: _____) <small>V203OTH</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No			

21. Did you do any of the following as part of your parasite control program during the previous 12 months?

- a. Give a combination of two or more dewormer drugs at once V204 ₁ Yes ₃ No
- b. Use a higher dose of dewormer in goats than the labeled dose recommended for sheep V205 ₁ Yes ₃ No
- c. Rotate pastures V206 ₁ Yes ₃ No
- d. Select for parasite-resistant goats, or cull worm-susceptible goats V207 ₁ Yes ₃ No

22. Which of the following do you use **primarily** to decide when to treat your goats for internal parasites (worms)? [Check one only.] V208

- ₁ When the goats' hair-coat or body condition are poor
- ₂ Fecal consistency (diarrhea)
- ₃ On a regular schedule (e.g., seasonally, annually)
- ₄ Based on fecal laboratory tests
- ₅ Based on FAMACHA card system/eye anemia score
- ₆ Bottlejaw
- ₇ Other (specify: _____) V208OTH

23. How important to you are the following as sources for deworming information?

Importance

- a. Veterinarian..... V209 ₁ Very ₂ Somewhat ₃ Not
- b. Other producer or goat owner..... V210 ₁ Very ₂ Somewhat ₃ Not
- c. Sales representative V211 ₁ Very ₂ Somewhat ₃ Not
- d. Extension/university personnel V212 ₁ Very ₂ Somewhat ₃ Not
- e. Magazines/journals/club or 4-H publications (articles and/or ads) V213 ₁ Very ₂ Somewhat ₃ Not
- f. Other source (specify: _____) V214OTH V214 ₁ Very ₂ Somewhat ₃ Not

24. Has your veterinarian assisted in making decisions on which parasite treatments (dewormer) to use? V215 ₁ Yes ₃ No ₄ No veterinarian

25. During the previous 12 months, did you use the following fecal tests to see if your goats have worms that are resistant to dewormers?

- a. Fecal egg count reduction (worm egg count both before and after deworming) V216 ₁ Yes ₃ No
- b. DrenchRite® (lab test for resistance to dewormers) V217 ₁ Yes ₃ No
- c. Other (specify: _____) V218OTH V218 ₁ Yes ₃ No

26. During the previous 12 months, have you used a pour-on product or topical spray for **fly and/or lice control**? V219 ₁ Yes ₃ No

Section E—Kidding Management

The next questions are about kidding management and kid care.

27. How many kids were born alive on this operation during the previous 12 months? V220 _____ head

[If Question 27 = ZERO, SKIP to Question 34, p 8.]

28. How frequently did you clean manure and waste bedding from kidding areas during the last kidding season?

- [Check one only.]* V221
- ₁ After each doe
 - ₂ Several times during the kidding season
 - ₃ Once, at the end of kidding season
 - ₄ Never

29. During the last kidding season, how did you usually dispose of placentas (afterbirth) or aborted fetuses?
[Check one only.] V222
- ₁ Left in field/birthing area
- ₂ Burned/incinerated
- ₃ Composted
- ₄ Rendered
- ₅ Disposed of in landfill/dump
- ₆ Buried
- ₇ Other (specify: _____) V222OTH
30. During kidding, were first-time kidders physically separated from does that have given birth before? V223 ₁ Yes ₃ No
31. During the previous 12 months, did you house any sick goats in the kidding area? V224 ₁ Yes ₃ No
32. During the previous 12 months, did this operation feed any unweaned kids:
- a. Colostrum from the mother (either nursing or by hand)? V225 ₁ Yes ₃ No
- b. Colostrum from other goats? V226 ₁ Yes ₃ No
- c. Cow colostrum? V227 ₁ Yes ₃ No
- d. Commercial colostrum product? V228 ₁ Yes ₃ No
- e. Commercial milk replacer product? V229 ₁ Yes ₃ No
- f. Cow milk?..... V230 ₁ Yes ₃ No
33. During the previous 12 months, did this operation:
- a. Store excess colostrum? V231 ₁ Yes ₃ No
- b. Sell colostrum? V232 ₁ Yes ₃ No

Section F—Goat and Herd Health

34. How many 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.]* V233 _____ head

[If Question 34 = ZERO, SKIP to Question 37, p 9.]

35. During the previous 12 months, how many of the does in milk from Question 34 had clinical mastitis (abnormal milk or swollen udder)? *[Enter number of head, or Don't know.]* V234/V235 _____ head Don't know

[If Question 35 = ZERO or Don't know, SKIP to Question 37, p 9.]

36. How was mastitis **most often** diagnosed on this operation during the previous 12 months?
[Check one only.]

V236

- ₁ California mastitis test (CMT) or somatic cell count (SCC)
- ₂ Visual observation of udder and/or milk
- ₃ Culture of milk
- ₄ Other (specify: _____) V236OTH

37. During the previous 12 months, have any does in your herd experienced abortions or stillbirths (kid born dead)? . V237 ₁ Yes ₃ No ₄ Don't know
 If YES, were any of these abortions or stillbirths due to Q fever? V238 ₁ Yes ₃ No ₄ Don't know

38. 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.]

	In the herd during the previous 3 years?	If YES, was it diagnosed by either a veterinarian or a lab?
a. Brucellosis?..... V239/V240	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Caprine arthritis encephalitis (CAE)?..... V241/V242	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Caseous lymphadenitis (boils, CL, abscesses)? V243/V244	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Johne's (paratuberculosis)? V245/V246	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Scrapie? V247/V248	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. Tuberculosis (TB)?..... V249/V250	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. Q fever? V251/V252	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Sore mouth (orf, contagious ecthyma)? V253/V254	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

[If Question 38h = NO, SKIP to Question 40.]

39. How many goats and kids in your herd had sore mouth (suspected or confirmed) during the previous 12 months? V255/V256 _____ head Don't know

[If Question 39 = ZERO or Don't know, SKIP to Question 40.]

How many of those died? *[should be less than or equal to Question 39]*..... V257 _____ head

40. Have you or any of your family members or employees ever been infected with Q fever?..... V258 ₁ Yes ₃ No ₄ Don't know
 If YES, was it diagnosed by a doctor or a lab?..... V259 ₁ Yes ₃ No

Section G—Equipment Usage

Note: Disinfection refers to the use of a chemical solution (e.g., Betadine, Nolvasan, bleach, detergents) to kill disease-causing organisms.

41. During the previous 12 months, were any goats given any injections? V260 ₁ Yes ₃ No

[If Question 41 = NO, SKIP to Question 44.]

42. On average, how many goats were injected with the same needle before the needle was changed? V261 _____ head

[If Question 42 = 1, SKIP to Question 44.]

43. How often was the needle chemically disinfected between animals? V262 ₁ Always ₂ Sometimes ₃ Never

44. During the previous 12 months, did this operation share any equipment with other livestock owners (e.g., tractors, feeding equipment, manure spreaders, trailers, shearers, dehorner)? V263 ₁ Yes ₃ No

[If Question 44 = NO, SKIP to Question 46.]

45. Was shared equipment cleaned prior to use? V264 ₁ Yes ₃ No

If YES, which of the following **best** describes this operation's cleaning procedures? *[Check one only.]* V265

- ₁ Wash equipment with water or steam only
₂ Chemically disinfect only
₃ Wash equipment and chemically disinfect
₄ Other (specify: _____) V265OTH

46. During the previous 12 months, how often did this operation use the same equipment to handle both manure and goat feed? *[Check one only.]* V266

- ₁ Routinely
₂ Rarely
₃ Never

If **Question 46 = Routinely or Rarely**, which **best** describes cleaning procedures usually used on equipment after handling manure and prior to handling feed? *[Check one only.]* V267

- ₁ Wash equipment with water or steam only
₂ Chemically disinfect only
₃ Wash equipment and chemically disinfect
₄ Use separate loader buckets for manure and feed
₅ Other (specify: _____) V267OTH
₆ No procedures done

47. During the previous 12 months, were any of the following methods used to dispose of manure?
- | | | | |
|---|------|---|--|
| a. Applied to land owned, rented, or leased by this operation | V268 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Applied to land not owned, rented, or leased by this operation | V269 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Sold or received other compensation | V270 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Given away | V271 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Composted..... | V272 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

Section H—Death Losses

48. Between July 1, 2008, and June 30, 2009, how many goats and kids were lost or stolen and how many died or were euthanized from all causes? *[Exclude kids born dead and slaughtered goats.]*

	<u>Goats</u>	<u>Kids</u>
a. Lost/stolen..... V273/V274	_____	_____ head
b. Died/euthanized	_____	_____ head

[If Question 48b = ZERO, SKIP to Question 50.]

49. Of the goats and kids that died or were euthanized between July 1, 2008, and June 30, 2009, how many were disposed of by each of the following methods?

	<u>Goats</u>	<u>Kids</u>
a. Landfill or municipal dump	_____	_____ head
b. Incineration (burned)	_____	_____ head
c. Burial on premises	_____	_____ head
d. Rendering.....	_____	_____ head
e. Composting	_____	_____ head
f. Leaving for scavengers (e.g., coyotes, bears, vultures)	_____	_____ head
g. Other (specify: _____)	_____	_____ head
h. Totals <i>[should equal Questions 48b]</i>	_____	_____ head

Section I—Dairy Producers Only

50. During the previous 12 months, did you milk any goats to produce milk or milk products?
- ₁ Yes ₃ No

[If Question 50 = NO, SKIP to Conclusion, p 14.]

51. What is the current average **annual** milk production (pounds) per doe?.....
- _____ lb
52. During the previous 12 months, what was the average length of the dry period for does on this operation?
- _____ days

53. During the previous 12 months, did this operation participate in a:
- a. Dairy Herd Improvement Association (DHIA) program? V296 ₁ Yes ₃ No
 - b. Quality assurance program (a program to improve milk product quality through assessments and monitoring)? V297 ₁ Yes ₃ No
54. Were any of the following milk tests performed on this operation during the previous 12 months?
- a. Individual goat milk culture..... V298 ₁ Yes ₃ No
 - b. Individual goat milk somatic cell count..... V299 ₁ Yes ₃ No
 - c. Pooled milk culture (bulk tank, bucket, etc.) V300 ₁ Yes ₃ No
 - d. Pooled milk somatic cell count (SCC) (bulk tank, bucket, etc.) V301 ₁ Yes ₃ No
- If Question 54d = YES, what was the most recent somatic cell count?.... V302 _____ cells/ml
55. During the previous 12 months, did your operation milk any dairy **cows**? V303 ₁ Yes ₃ No
56. Who milked the majority of the goats on this farm during the previous 12 months? *[Check one only.]* V304
- ₁ Owner/operator
 - ₂ Family member(s) of owner
 - ₃ Hired worker(s) (nonfamily member)
 - ₄ Other (specify: _____) V304OTH
57. Did milkers routinely wear gloves when milking goats? V305 ₁ Yes ₃ No
58. Which of the following best describes how teats were **usually** prepared **prior to milking** during the previous summer and winter? *[Choose one letter only for each season.]*
- a. Udder wash solution, disinfectant solution, or teat dip
 - b. Washed with water only
 - c. Wiped with dry cloth
 - d. No preparation
 - e. Other (specify: _____) V306OTH/V307OTHV306/V307
- Summer** **Winter**
59. Which of the following best describes how teats were usually **dried** prior to milking during the previous summer and winter? *[Choose one letter only for each season.]*
- a. Not applicable—teats not wet prior to milking
 - b. Single-use cloth or paper towel
 - c. Multiple-use cloth or paper towel
 - d. Other (specify: _____) V308OTH/V309OTH.....V308/V309
- Summer** **Winter**

60. Which of the following best describes procedures usually used for disinfecting teats **after milking** during the previous summer and winter?
[Choose one letter only for each season.]

- a. Dip teats with labeled postdip product
- b. Dip teats with nonlabeled/homemade solution
- c. Spray teats with commercial postdip product
- d. No disinfection
- e. Other (specify: _____) V310OTH/V311OTH.....V310/V311

_____ Summer _____ Winter

61. What percentage of milking goats received antibiotic intramammary therapy/infusion at dry off during the previous 12 months? V312

_____ %

62. During the previous 12 months, were goats **that had clinical mastitis** usually milked:

[If NO goats with mastitis, SKIP to Question 63.]

- a. Using a separate milking unit from healthy goats? V313
- b. In a separate string from healthy goats? V314
- c. At the end of milking in the milking unit? V315

₁ Yes ₃ No
₁ Yes ₃ No
₁ Yes ₃ No

63. Which of the following **best** describes the order in which goats are milked?
[Check one only.] V316

- ₁ No particular order
- ₂ Based on age
- ₃ Based on health
- ₄ Based on production level
- ₅ Other (specify: _____) V316OTH

Conclusion

Date survey was completed: _____ VDATE

64. How long in minutes did it take you to complete this survey? VTIME _____ min

65. Which of the following best describes your position with this operation? *[Circle one only.]*

- 1 = Owner
- 2 = Manager
- 3 = Family member (other than owner or manager)
- 4 = Other hired employee
- 5 = Other (specify: _____) VPOSOTH VPOS

_____ code

Comments regarding this questionnaire or operation:

THAT COMPLETES OUR SURVEY. THANK YOU FOR YOUR HELP.

Please mail using the provided envelope.