



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# GENERAL GOAT MANAGEMENT REPORT

2009



National Animal Health  
Monitoring System

2150 Centre Ave.,  
Bldg. B  
Fort Collins, CO 80526-8117

Form Approved  
O.M.B. Number 0579-0354  
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NAHMS 217  
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*Please make corrections to name, address and zip code, if necessary.*

**BEGINNING TIME [MILITARY]**

*We would like to ask you some questions about your goat operation. To understand important issues in the goat industry, we need to obtain information about the health status of your goats and any health problems they may have had, as well as about productivity and management.*

*You may find it easier to provide accurate data if you use records to answer some of the questions. Your participation is **voluntary** and not required by law. However, your responses are needed to make regional and national estimates as precise as possible.*

**Section A –Inventory**

1. Were any goats or kids, regardless of ownership, on this operation on July 1, 2009?

0101     1 Yes, Continue                       3 No, Go to Section K

(\*\*Report based on **primary use** regardless of breed\*\*)

	Angora/Fiber	Milk	Meat	Other
2. Please report the <b>Total Goats and Kids</b> on this operation on July 1, 2009, by primary use.....	0102	0103	0104	0105

3. Of the **Angora/Fiber, Milk** and/or **Meat** Total Goats and Kids (reported in Item 2) how many were:  
[If none, go to Item 4.]

a. **Goats and Kids for Breeding:**

(\*\*Report based on **primary use** regardless of breed\*\*)

	Angora/Fiber	Milk	Meat
(i) Does 1 year old and older?.....+	0106	0112	0118
(ii) Bucks 1 year old and older?.....+	0107	0113	0119
(iii) Replacement kids under 1 year old?.....+	0108	0114	0120

b. **Goats and Kids for Market:**

(\*\*Report based on **primary use** regardless of breed\*\*)

	Angora/Fiber	Milk	Meat
(i) Market kids under 1 year old?.....+	0109	0115	0121
(ii) Market goats 1 year old and older (not used for breeding)?.....+	0110	0116	0122

c. **Total** [Add Items 3ai, 3aii, 3aiii, 3bi, and 3bii should equal Angora/Fiber, Milk, and/or Meat Goats and Kids reported in Item 2]. .....

	Angora/Fiber	Milk	Meat
=	0111	0117	0123

4. Were any "Other" Goats or Kids reported in Item 2, above?

0124     1 Yes, Continue                       3 No, Go to Section B

5. Of the **Other** Total Goats and Kids (reported in Item 2), what was their primary use:  
[For young goats or kids, report the use for which they are intended. Include each animal only once.  
If none, go to Section B]

	Other
a. Brush control/forage management?.....	+ 0125
b. Showing, competition, 4-H, or club?.....	+ 0126
c. Pet/companion goats?.....	+ 0127
d. Pack goats?.....	+ 0128
e. Other? (specify:.....)	+ 0129
f. <b>Total</b> [Add Items 5a-5e, should equal Other Goats and Kids reported in Item 2]. .....	= 0130

Section B – General Management

Many of these next questions will refer to "the previous 12 months". This is the period from July 1, 2008 through June 30, 2009.

1. What do you consider to be the primary production focus of your goat operation? [Check one only. If multiple categories apply, select the primary reason you have goats.]

- 0201 [ ] 1 Meat
[ ] 2 Dairy
[ ] 3 Fiber
[ ] 4 Other (specify: \_\_\_\_\_)

2. How many years has the primary operator owned or managed any goats? [Nearest whole year.] Years [0202]

3. How important to you are the following reasons for raising goats:

How Important?

- a. Source of income (sale of live animals, meat, dairy products, fiber, etc.)? 0203 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
b. Personal consumption or use of meat, milk, or fiber? 0204 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
c. Prescribed/target grazing, brush control, etc.? 0205 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
d. Family tradition (always had goats)? 0206 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
e. Fun/hobby? 0207 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
f. Clubs (e.g., 4-H)? 0208 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
g. Other? (specify: \_\_\_\_\_) 0209 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very

4. How important to you are the following sources of information on goat health:

How Important?

- a. Other goat producers? 0210 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
b. Industry/association meetings? 0211 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
c. Internet? 0212 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
d. Magazines/newsletters? 0213 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
e. University/extension agent? 0214 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
f. Veterinarian, nutritionist, or other paid consultant? 0215 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
g. Feed or drug salespeople? 0216 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very
h. Production and management books? 0217 [ ] 1 Not [ ] 2 Somewhat [ ] 3 Very

5. Do you belong to a:

- a. National goat association or club? 0218 [ ] 1 Yes [ ] 3 No
b. State or local goat association or club? 0219 [ ] 1 Yes [ ] 3 No

6. During the previous 12 months, did you maintain or use any goat and kid production records that were:

- a. Computerized? 0220 [ ] 1 Yes [ ] 3 No
b. Noncomputerized (e.g., hand-written or typed)? 0221 [ ] 1 Yes [ ] 3 No

7. During the previous 12 months, did you **manage** your goat herd on:

	<b>Code</b>			
a. Open range (unfenced acreage)? .....	1	0222	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
b. Fenced range (uncultivated fenced acreage)? .....	2	0223	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
c. Fenced farm (cultivated pasture or browse)? .....	3	0224	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
d. Dry lot (pen which does not allow grazing and is not meant for finishing goats on a high-energy diet for slaughter)? .....	4	0225	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
e. Other? (specify: _____) .....	5	0226	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

8. Which of these (Item 7) were used to manage the majority of goats?  
 [Enter a code (1-5) from Item 7.] .....

**Code**

9. During the previous 12 months, how often were the following feed sources or supplements used for **any** goats or kids on this operation:

**Roughage**

How often used over the past 12 months?

a. Pasture grasses – native or cultivated? .....	0228	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never
b. Weeds and/or browse (forbs, woody plants, vines, and brush)? .....	0229	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never
c. Cut hay - grass or legume? .....	0230	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never
d. Other roughage? (specify: _____) .....	0231	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never

**Concentrate/other**

How often used over the past 12 months?

e. Concentrate/grain rations (e.g., corn, milo, barley, wheat, oats, rye)? .....	0232	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never
f. High protein feed (e.g., cottonseed meal, soybean meal, fish meal or other specialty protein)? .....	0233	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never
g. Crop residue/by-product feeds (e.g., fat, soy hulls, wheat middlings)? .....	0234	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never
h. Commercial goat feed (e.g. "goat chow")? .....	0235	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never
i. Other? (specify: _____) .....	0236	<input type="checkbox"/> 1 Entire time	<input type="checkbox"/> 2 Part of the time	<input type="checkbox"/> 3 Never

10. During the previous 12 months, were any of this operation's goats or kids placed on:

a. Public land (State or Federal)? .....	0237	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
b. Other land (not part of this operation)? .....	0238	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

**[If Items 10a and 10b both=No, SKIP to Section C.]**

11. When placed on public or other land, were any of this operation's goats commingled with sheep or goats from other operations? .....

0239  1 Yes  3 No

**Section C – Breeding Management**

1. Did this operation breed any goats during the previous 12 months (July 1, 2008, through June 30, 2009)?

0301     1 Yes, Continue     3 No, Go to Section D

2. Did this operation control breeding times (synchronize estrus) during the previous 12 months?

0302     1 Yes, Continue     3 No, Go to Item 4

3. Did this operation synchronize estrus in its does for:

- a. More uniformly sized or aged kid crop? ..... 0303    <sub>1</sub> Yes    <sub>3</sub> No
- b. Condensed kidding to maximize labor? ..... 0304    <sub>1</sub> Yes    <sub>3</sub> No
- c. More efficient use of facilities? ..... 0305    <sub>1</sub> Yes    <sub>3</sub> No
- d. Market timing? ..... 0306    <sub>1</sub> Yes    <sub>3</sub> No
- e. More efficient use of bucks? ..... 0307    <sub>1</sub> Yes    <sub>3</sub> No
- f. To allow artificial insemination (AI) or embryo transfer? ..... 0308    <sub>1</sub> Yes    <sub>3</sub> No
- g. Other? (specify: \_\_\_\_\_) ..... 0309    <sub>1</sub> Yes    <sub>3</sub> No

4. Did this operation use any of the following reproductive practices during the previous 12 months:

- a. Flushing (does fed extra energy ration prior to breeding season)? ..... 0310    <sub>1</sub> Yes    <sub>3</sub> No
- b. Buck scrotum palpation/evaluation? ..... 0311    <sub>1</sub> Yes    <sub>3</sub> No
- c. Buck semen evaluation? ..... 0312    <sub>1</sub> Yes    <sub>3</sub> No
- d. Genetic selection for ability to breed out of season? ..... 0313    <sub>1</sub> Yes    <sub>3</sub> No
- e. Regulation of light for out-of-season breeding? ..... 0314    <sub>1</sub> Yes    <sub>3</sub> No
- f. Ultrasound (pregnancy diagnosis, fetal counting)? ..... 0315    <sub>1</sub> Yes    <sub>3</sub> No
- g. Expected Progeny Difference (EPD) or genetic evaluation information, such as DHIA, University or extension data, etc? ..... 0316    <sub>1</sub> Yes    <sub>3</sub> No

5. Were any bucks used for natural breeding on this operation during the last breeding season?

0317    <sub>1</sub> Yes, Continue    <sub>3</sub> No, Go to Section D

6. For the last breeding season, how many:

	<b>Bucks Used</b>	<b>Does Bred</b>
a. Kid bucks (less than 12 months old) were used for breeding? ..... +	0318	
(i) How many does were bred by these kid bucks? ..... +		0322
b. Yearling bucks (12 to 18 months old) were used for breeding? ..... +	0319	
(i) How many does were bred by these yearling bucks? ..... +		0323
c. Adult bucks (over 18 months old) were used for breeding? ..... +	0320	
(i) How many does were bred by these adult bucks? ..... +		0324
d. <b>Total</b> bucks used and does bred by these bucks? [Add Items 6a – 6c.] ..... =	0321	0325

**Section D – Kid Crop and Management**

1. Were any kids born on this operation during the previous 12 months (July 1, 2008, through June 30, 2009)?

0401  1 Yes, Continue  3 No, Go to Section E

2. In general, does this operation have:

- 0402  1 One defined breeding season per year  
 2 Two defined breeding seasons per year  
 3 Three defined breeding seasons per 2 years  
 4 No defined breeding season  
 5 Other (specify: \_\_\_\_\_)

The next questions refer to the last completed breeding season and following kid crop. This is the most recent kid crop from which all kids have been born.

**DOE INFORMATION**

3. For the most recent kid crop, how many does bred during the breeding season:

		Head - Does
a. Gave birth (kid born dead or alive)?	..... +	0403
(i) How many of these does had multiples (twins/triplets)?	..... <span style="border: 1px solid black; padding: 2px;">0404</span>	
b. Aborted (known abortion)?	..... +	0405
c. Never became pregnant (or unobserved abortion)?	..... +	0406
d. <b>Total</b> [Add Items 3a-3c.]	..... =	0409

4. How many of these same does were bred:  
 [For does bred by more than one method give method used **first**]

		Head - Does
a. By artificial insemination (AI)?	..... +	0410
b. By embryo transfer?	..... +	0411
c. Naturally by this operation's bucks?	..... +	0412
d. Naturally by another operation's bucks?	..... +	0413
e. <b>Total</b> [Add Items 4a-4d, should equal Item 3d.]	..... =	0414

**KID INFORMATION**

5. For the most recent kid crop, how many kids were:

		Head - Kids
a. Born alive?	..... +	0415
b. Born dead?	..... +	0416
c. <b>Total</b> [Add Items 5a and 5b.]	..... =	0417

6. Of those kids born alive (item 5a) how many:

		Head - Kids
a. Were sold prior to weaning?.....	+	0468
b. Have been weaned?.....	+	0418
c. Died before weaning?.....	+	0419
d. Are not yet weaned?.....	+	0420
e. <b>Total</b> [Add Items 6a-6d, should equal Item 5a.].....	=	0421

7. Of the total kids born (Item 5c, kids born alive or dead), how many were born during:  
[Enter percentage or head.]

	None	Head - Kids	Percent
a. July 2008?.....	<input type="checkbox"/>	0422	0435
b. August 2008?.....	<input type="checkbox"/>	0423	0436
c. September 2008?.....	<input type="checkbox"/>	0424	0437
d. October 2008?.....	<input type="checkbox"/>	0425	0438
e. November 2008?.....	<input type="checkbox"/>	0426	0439
f. December 2008?.....	<input type="checkbox"/>	0427	0440
g. January 2009?.....	<input type="checkbox"/>	0428	0441
h. February 2009?.....	<input type="checkbox"/>	0429	0442
i. March 2009?.....	<input type="checkbox"/>	0430	0443
j. April 2009?.....	<input type="checkbox"/>	0431	0444
k. May 2009?.....	<input type="checkbox"/>	0432	0445
l. June 2009?.....	<input type="checkbox"/>	0433	0446
m. <b>Total</b> [Add Items 7a - 7l, should equal Item 5c or 100%.]....		0434	<b>100%</b>

OR

8. Were any kids born in the following types of environments:

	CODE	
a. Individual kidding pen or jug?.....	1 0447	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
b. Barn or shed (covered without individual pens)?.....	2 0448	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
c. Special kidding pasture that allows increased observation and/or shelter?....	3 0449	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
d. Other fenced pasture?.....	4 0450	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
e. Open range?.....	5 0451	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
f. Dry lot (pen which does not allow grazing)?.....	6 0452	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
g. Other? (specify: _____).....	7 0453	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No

9. Which of the above was the **primary** type of environment where kids were born? [Enter a code(1-7) from Item 8.].....

Code	0454
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The next questions are about kid care and management. Please answer based on what this operation **usually** did during the previous 12 months (July 1, 2008 through June 30, 2009).

10. Which best describes how kids were **normally raised** on this operation? *[Check one only]*

- 0455  1 Nursing only: Kids nursed their mother and were hand fed **only** if orphaned.
- 2 Nursing and hand feeding: Kids were raised on a combination of nursing and hand feeding (e.g., teat feeder/bottle/bucket feeding).
- 3 Hand/bottle fed, no nursing: Kids were separated from the mothers immediately after birth and hand fed (e.g., teat feeder/bottle/bucket feeding).

**[If Item 10 = 3, SKIP to Item 12.]**

11. After kidding, were the doe and kid pair **usually**:

*[Check one only for yearling does (first kidding) and older does (second kidding or greater)]*

		<b>Yearling Does</b>		<b>Older Does</b>
a. Kept separate from other goats? .....	0456	1 <input type="checkbox"/>	0457	1 <input type="checkbox"/>
b. Placed with other doe/kid pairs? .....		2 <input type="checkbox"/>		2 <input type="checkbox"/>
c. Placed with remainder of herd? .....		3 <input type="checkbox"/>		3 <input type="checkbox"/>
d. Not separated/always with herd? .....		4 <input type="checkbox"/>		4 <input type="checkbox"/>
e. Other? (specify: _____) .....		5 <input type="checkbox"/>		5 <input type="checkbox"/>

12. During the previous 12 months, did this operation **usually**:

- a. Heat-treat colostrum before it was fed to kids? .....
- 0458  1 Yes  3 No
- b. Pasteurize milk before it was fed to kids? .....
- 0459  1 Yes  3 No
- c. Provide creep or starter feed to kids? .....
- 0460  1 Yes  3 No

13. When kids were weaned (removed from milk) during the previous 12 months, what was their average age (in weeks)? .....

<b>Buck Kids</b>	<b>Doe Kids</b>
0461	0462

14. Were any weaned kids **sold** during the previous 12 months?

- 0463  1 Yes, Continue  3 No, Go to Section E

15. At what age and weight were weaned kids usually sold?

- a. Age (in weeks) .....
- Weeks**
- b. Weight (in pounds) .....
- Pounds**

<b>Buck Kids</b>	<b>Doe Kids</b>
0464	0466
0465	0467



Section E –Goat Diseases

1. Did you observe any of the following symptoms in any goats or kids on this operation during the previous 12 months (July 1, 2008, through June 30, 2009):

- a. Joint swelling (knobby knees) or crippled goats? 0501 [ ] 1 Yes [ ] 3 No
b. Weight loss in spite of good appetite? 0502 [ ] 1 Yes [ ] 3 No
c. Central nervous system signs (loss of coordination, staggering, swaying, falling down, high stepping of forelegs or stiff rear legs, lip smacking, etc.)? 0503 [ ] 1 Yes [ ] 3 No
d. Sores on hoof area with foul odor? 0504 [ ] 1 Yes [ ] 3 No
e. Udder inflammation/mastitis? 0505 [ ] 1 Yes [ ] 3 No
f. Abscesses, boils, or lumps on the head, shoulder or upper rear legs? 0506 [ ] 1 Yes [ ] 3 No

[If Item 1f = No, Skip to Item 3.]

2. Which action(s) did you usually take for animals with abscesses, boils, or lumps:

- a. Cull the animal to market or slaughter? 0507 [ ] 1 Yes [ ] 3 No
b. Isolate the animal? 0508 [ ] 1 Yes [ ] 3 No
c. Drain or lance the lumps? 0509 [ ] 1 Yes [ ] 3 No
[If Item 2c= Yes] Did you collect the drainage in a syringe or other container? 0510 [ ] 1 Yes [ ] 3 No
d. Treat with antibiotics? 0511 [ ] 1 Yes [ ] 3 No
e. Inject a substance into the abscess/lump? 0512 [ ] 1 Yes [ ] 3 No
f. Call the veterinarian? 0513 [ ] 1 Yes [ ] 3 No
g. Lab test (culture) for caseous lymphadenitis (boils, CL, abscesses)? 0514 [ ] 1 Yes [ ] 3 No
h. Other? (specify: \_\_\_\_\_) 0515 [ ] 1 Yes [ ] 3 No

3. Have any of your goats had scabs around the mouth, feet, or udder during the previous 12 months (not known to be caused by trauma)?

- 0516 [ ] 1 Yes, Continue [ ] 3 No, Go to Item 5

4. Did you use the following practices when handling goats with scabs around the mouth, feet, or udder:

- a. Wear gloves when handling goats with scabs? 0517 [ ] 1 Yes [ ] 3 No
b. Wash hands with soap and water after touching goats with scabs? 0518 [ ] 1 Yes [ ] 3 No
c. Cover your cuts and scrapes when handling goats with scabs? 0519 [ ] 1 Yes [ ] 3 No
d. Obtain veterinary consultation when goats have scabs? 0520 [ ] 1 Yes [ ] 3 No
e. Vaccinate for sore mouth? 0521 [ ] 1 Yes [ ] 3 No

5. Before this study, how familiar were you with the following diseases in goats:

**How Familiar?**

- |   |      | <input type="checkbox"/> 1 Not | <input type="checkbox"/> 2 Somewhat | <input type="checkbox"/> 3 Very |
|---|------|--------------------------------|-------------------------------------|---------------------------------|
| a. Brucellosis?.....  | 0522 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>        |
| b. Caprine arthritis encephalitis (CAE, big knee)?.....             | 0523 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>        |
| c. Caseous lymphadenitis (boils, CL, abscesses)?.....               | 0524 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>        |
| d. Johne's (pronounced "yo-knees") disease (paratuberculosis)?..... | 0525 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>        |
| e. Q fever?.....  | 0526 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>        |
| f. Scrapie?.....  | 0527 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>        |
| g. Sore mouth (orf virus/contagious ecthyma)?.....                  | 0528 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>        |

6. Before this study, did you believe the following goat diseases were also infectious to humans:

**Infectious to Humans?**

- |  |      | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 Don't know | <input type="checkbox"/> 3 No |
|--|------|--------------------------------|---------------------------------------|-------------------------------|
| a. Brucellosis?.....                               | 0529 | <input type="checkbox"/>       | <input type="checkbox"/>              | <input type="checkbox"/>      |
| b. Pink eye (Chlamydia)?.....                      | 0530 | <input type="checkbox"/>       | <input type="checkbox"/>              | <input type="checkbox"/>      |
| c. Q fever?.....                                   | 0531 | <input type="checkbox"/>       | <input type="checkbox"/>              | <input type="checkbox"/>      |
| d. Sore mouth (orf virus/contagious ecthyma)?..... | 0532 | <input type="checkbox"/>       | <input type="checkbox"/>              | <input type="checkbox"/>      |
| e. Toxoplasmosis?.....                             | 0533 | <input type="checkbox"/>       | <input type="checkbox"/>              | <input type="checkbox"/>      |

7. Do you think you have ever been infected with the orf virus (sore mouth)?

- 0534  1 Yes  3 No

8. Were any of your goats tested for brucellosis during the previous 3 years?

- 0535  1 Yes, Continue  3 No, Go to Item 11

9. When you last had any of your goats tested for brucellosis, for what purposes were the goats tested:

- |  |      |                                |                               |
|--|------|--------------------------------|-------------------------------|
| a. Movement requirement?.....  | 0536 | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 3 No |
| b. Show or exhibition requirement?.....                                    | 0537 | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 3 No |
| c. Veterinarian (nonregulatory, private practitioner) recommendation?..... | 0538 | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 3 No |
| d. State requirement?.....   | 0539 | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 3 No |
| e. Other? (specify:_____)  | 0540 | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 3 No |

10. When you last had any of your goats tested for brucellosis, which of the following types of tests were used:

- |                           |      |                                |                                       |                               |
|---------------------------|------|--------------------------------|---------------------------------------|-------------------------------|
| a. Blood test?.....       | 0541 | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 Don't know | <input type="checkbox"/> 3 No |
| b. Other? (specify:_____) | 0544 | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 Don't know | <input type="checkbox"/> 3 No |

11. Which of the following categories best describes your use of the FAMACHA© card/eye color score?

[Check one only.]

- 0546  1 Regularly use the FAMACHA© card as management tool  
 2 Have used the FAMACHA© card some  
 3 Have seen or heard about the FAMACHA© card, but do not use  
 4 Had previously not heard of the FAMACHA© card

**Section F – Health Management and Biosecurity**

1. During the previous 12 months (July 1, 2008, through June 30, 2009), did this operation consult a veterinarian for any reason related to goat health, productivity, or management?

0601  1 Yes  3 No

2. How many times did any of the following types of people visit your operation during the previous 12 months:

**Approximately how many visits per:**

	None	Year	Month
a. Federal/State veterinarian or animal health worker?.....	<input type="checkbox"/>	0602	0610
b. Extension agent or university veterinarian?.....	<input type="checkbox"/>	0603	0611
c. Private or company veterinarian?.....	<input type="checkbox"/>	0604	0612
d. Nutritionist or feed company consultant?.....	<input type="checkbox"/>	0605	0613
e. Customer (private individual) purchasing milk, fiber, goats, meat, cheese, or other goat product?.....	<input type="checkbox"/>	0606	<b>OR</b> 0614
f. Goat wholesaler, buyer, or dealer?.....	<input type="checkbox"/>	0607	0615
g. Renderer?.....	<input type="checkbox"/>	0608	0616
h. Other visitors (including other producers, neighbors, friends, school field trip visitors, hunters, etc.)?.....	<input type="checkbox"/>	0609	0617

3. Did any of the visitors to this operation reported in Item 2 enter the goat production area (barns, sheds, pastures, etc.) of your operation?

0618  1 Yes, Continue  3 No, Go to Item 5

4. How often did you require the following measures for visitors entering the goat production area of your operation:

**How Often Required?**

- |   |      |                                   |                                      |                                  |
|---|------|-----------------------------------|--------------------------------------|----------------------------------|
| a. Change into clean clothes or coveralls?.....   | 0619 | <input type="checkbox"/> 1 Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |
| b. Use a footbath before entry?.....  | 0620 | <input type="checkbox"/> 1 Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |
| c. Change into clean boots or use shoe covers?.....                                       | 0621 | <input type="checkbox"/> 1 Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |
| d. Scrub shoes before or immediately after entry?.....                                    | 0622 | <input type="checkbox"/> 1 Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |
| e. Wash hands before handling goats?.....   | 0623 | <input type="checkbox"/> 1 Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |
| f. No contact with other livestock for at least 24 hours before visiting your goats?..... | 0624 | <input type="checkbox"/> 1 Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |
| g. Park away from goat area?.....   | 0625 | <input type="checkbox"/> 1 Always | <input type="checkbox"/> 2 Sometimes | <input type="checkbox"/> 3 Never |

5. Did any paid or unpaid workers (including family members) who live off the operation have goats or other livestock at their homes during the previous 12 months?

0626  1 Yes  3 No  5 N/A

6. During the previous 12 months, did any paid or unpaid workers on this operation, including yourself and family members, visit any of the following places:

- a. Milk, fiber, or other processing plant?..... 0627       1 Yes       3 No
- b. Goat slaughter facility?..... 0628       1 Yes       3 No
- c. Other farm where goats are raised (separate from this operation)?..... 0629       1 Yes       3 No
- d. Facility that sells goats (e.g., auction, flea market, swap meet, bird market)?..... 0630       1 Yes       3 No
- e. Feed store or feed mill?..... 0631       1 Yes       3 No
- f. Rendering facility?..... 0632       1 Yes       3 No
- g. Goat sale, show, or fair?..... 0633       1 Yes       3 No

7. During the previous 12 months, did this operation have any:

- a. Domestic sheep?..... 0634       1 Yes       3 No
- b. Beef or dairy cattle?..... 0635       1 Yes       3 No
- c. Horses, donkeys, or other equine?..... 0636       1 Yes       3 No
- d. Domestic pigs?..... 0637       1 Yes       3 No
- e. Poultry (e.g., domestic chickens, turkeys, ducks, geese)?..... 0638       1 Yes       3 No
- f. Llamas or alpacas?..... 0639       1 Yes       3 No
- g. Captive deer, elk, or other exotic hoof stock?..... 0640       1 Yes       3 No
- h. Domestic dogs or cats?..... 0641       1 Yes       3 No
- i. Other domestic/captive animals? (specify: \_\_\_\_\_) ..... 0642       1 Yes       3 No

8. During the previous 12 months, were any goats on this operation commingled or have fence-line contact with any of the following animals that were not part of this operation:

*[Include your neighbor's animals, visiting domestic animals, and wild or feral animals.]*

- a. Domestic sheep or goats?..... 0643       1 Yes       3 No
- b. Bighorn sheep or feral goats?..... 0644       1 Yes       3 No
- c. Deer, elk, antelope or other exotic hoof stock?..... 0645       1 Yes       3 No
- d. Beef or dairy cattle?..... 0646       1 Yes       3 No
- e. Llamas or alpacas?..... 0647       1 Yes       3 No
- f. Pigs (domestic or feral)?..... 0648       1 Yes       3 No
- g. Dogs, cats, raccoons, skunks, or opossum?..... 0649       1 Yes       3 No
- h. Predators (e.g., coyotes, bears, wolves, mountain lions)?..... 0650       1 Yes       3 No
- i. Other? (specify: \_\_\_\_\_) ..... 0651       1 Yes       3 No

**G – Milk Production**

1. Did you milk any of your does during the previous 12 months (July 1, 2008, through June 30, 2009)?

0701  1 Yes, Continue  3 No, Go to Section H

2. What was the peak number of does milked on this operation at any time during the previous 12 months? .....

Head 

0702
------

3. How many or what percentage of these does were milked by:

	Head	OR	Percent
a. Hand? .....	0703		0707
b. Machine – bucket milker? .....	0704		0708
c. Machine – pipeline? .....	0705		0709
d. <b>Total</b> [Add Items 3a - 3c, should equal Item 2 or 100%.] .....	0706		<b>100%</b>

4. How many times per day were does **usually** milked during the previous 12 months?

[Check one only.]

- 0710  1 Less than once a day  
 2 Once a day  
 3 Twice a day  
 4 More than twice a day

5. Was any of the milk used for:

- a. Feeding to goat kids? ..... 0711  1 Yes  3 No
- b. Feeding to other livestock on this operation? ..... 0712  1 Yes  3 No
- c. Making cheese or yogurt on the farm? ..... 0713  1 Yes  3 No
- d. Home consumption? ..... 0714  1 Yes  3 No
- (i) If Yes, did you or any family members or employees consume raw (unpasteurized) goat milk or milk products? ..... 0715  1 Yes  3 No

6. Did you sell or trade any of the goat milk or goat milk products from this operation?

0716  1 Yes, Continue  3 No, Go to Section H

7. Did you sell or trade any of the goat milk or goat milk products as:

- a. Milk to be made into cheese?..... 0717  1 Yes  3 No
- b. Milk for human consumption?..... 0718  1 Yes  3 No
- c. Milk for pet consumption?..... 0719  1 Yes  3 No
- d. Milk for livestock consumption?..... 0720  1 Yes  3 No
- e. Cheese?..... 0721  1 Yes  3 No
- f. Other products or to be made into other products such as candy, yogurt, ice cream, soap, etc.?..... 0722  1 Yes  3 No

8. Did you sell or trade any of this operation's goat milk or goat milk products:

- a. Directly to the public (including Internet sales, farmer's markets, etc.)?..... 0723  1 Yes  3 No
- b. To retail establishments, restaurants, or other commercial sales?..... 0724  1 Yes  3 No
- c. To a cooperative or as part of a cooperative?..... 0725  1 Yes  3 No
- d. To a wholesaler, dealer, or processor (e.g. cheese plant)?..... 0726  1 Yes  3 No
- e. Other? (specify:\_\_\_\_\_ ) ..... 0727  1 Yes  3 No

9. Did the buyer(s) of the goat milk or goat milk products ever pay a premium for:

- a. High protein?..... 0728  1 Yes  3 No
- b. Low bacteria counts?..... 0729  1 Yes  3 No
- c. Low somatic cell count?..... 0730  1 Yes  3 No
- d. Out of season milk?..... 0731  1 Yes  3 No
- e. Other? (specify:\_\_\_\_\_ ) .....0732  1 Yes  3 No

10. 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*]. .... 0733

- 1 Yes  3 No

11. During the previous 12 months, did you market any goat milk or goat milk products intended for raw (**unpasteurized**) human consumption?..... 0734

- 1 Yes  3 No

**H- Fiber Production**

1. Were any of your goats shorn, clipped or combed for fiber during the previous 12 months (July 1, 2008, through June 30, 2009)?

0801  1 Yes, Continue  3 No, Go to Section I

2. Please report, by type of fiber, the Number of Goats Clipped and the Total Pounds Clipped during the previous 12 months. *[Report goats and kids only once if clipped both spring and fall.]*

Type of Fiber:	Number of Goats Clipped	AND	Total Pounds Clipped
a. Cashmere..... +	0802		0807
b. Mohair (Angora goat)..... +	0803		0808
c. Pygora..... +	0804		0809
d. Other (specify:_____ ) +	0805		0810
e. <b>Total</b> <i>[Add Items 2a-2d.]</i> ..... =	0806		0811

3. Did you sell or trade any fiber during the previous 12 months?

0812  1 Yes, Continue  3 No, Go to Item 8

4. How many pounds of the total fiber produced (Item 2e) were sold or traded during the previous 12 months?.....

**Pounds** 0813

5. What percentage of fiber sold or traded during the previous 12 months was marketed by the following methods:

	Percent
a. Private, locally?..... +	0814
b. Internet?..... +	0815
c. Direct sales to mill buyer?..... +	0816
d. Cooperative pools?..... +	0817
e. Commercial warehouses?..... +	0818
f. Other? (specify:_____ ) +	0819
g. <b>Total</b> <i>[Add Items 5a – 5f, should equal 100%.]</i> ..... =	<b>100%</b>

6. Was the fiber usually tested for quality prior to sale?

0820  1 Yes, Continue  3 No, Go to Item 8

7. What fiber characteristics were measured:

- a. Vegetable matter?..... 0821  1 Yes  3 No
- b. Average fiber diameter?..... 0822  1 Yes  3 No
- c. Average fiber length?..... 0823  1 Yes  3 No
- d. Clean yield?..... 0824  1 Yes  3 No
- e. Fiber medullation or kemp percentage?..... 0825  1 Yes  3 No
- f. Other? (specify:\_\_\_\_\_ ) ..... 0826  1 Yes  3 No

8. During the previous 12 months, were goats shorn, clipped, or combed by:

- a. Employees of the operation (including owner)?..... 0827  1 Yes  3 No
- b. Contracted crew?..... 0828  1 Yes  3 No
- c. Hired individual?..... 0829  1 Yes  3 No
- d. Other? (specify:\_\_\_\_\_ ) ..... 0830  1 Yes  3 No

9. During the previous 12 months, which of the following describes the usual treatment of clippers, shears or combs between goats? *[Check one only.]*

- 0831  1 Washed with soap and water and disinfected
- 2 Washed only using soap and water
- 3 No cleaning or disinfecting
- 4 Other? (specify:\_\_\_\_\_ )



**Section I – Marketing and Movement**

1. During the previous 12 months (July 1, 2008, through June 30, 2009), were any goats or kids added to this operation?  
 [Exclude kids born on your operation.]

0901  1 Yes, Continue  3 No, Go to Item 6

2. How many goats or kids were added to this operation during the previous 12 months?  
 [Exclude kids born on your operation.]

		<b>Number Added</b>
a. Goats (1 year old and older) .....	+	0902
b. Kids (under 1 year old) .....	+	0903
c. <b>Total</b> Goats and Kids added to this operation [Add Items 2a and 2b.] .....	=	0904

3. During the previous 12 months, how many **times** were goats or kids added?  
 [Example: If 5 goats were added all at once, it counts as 1 time.] .....

	<b>Times Added</b>
	0905

4. For the goats or kids added during the previous 12 months, how many of the goats or kids came from the following **sources**:

		<b>Goats Added</b>	<b>Kids Added</b>
a. Goat wholesaler or dealer? .....	+	0906	0914
b. Directly from another premises with goats? .....	+	0907	0915
c. Auction market? .....	+	0908	0916
d. Farm store or feed store? .....	+	0909	0917
e. Flea market, farmer's market, or swap meet? .....	+	0910	0918
f. Fair or show? .....	+	0911	0919
g. Other? (specify: _____) .....	+	0912	0920
h. <b>Total</b> [Add Items 4a-4g, should equal Items 2a and 2b.] .....	=	0913	0921

5. During the previous 12 months, when new goats or kids were added to your operation, did you always, sometimes, or never **isolate** them (prevent nose-to-nose contact with other goats from this operation and prevent sharing of feed, drinking water, and equipment) from your primary herd for any period of time prior to introduction?

0922  1 Always  2 Sometimes [Go to Item 6]  3 Never [Go to Item 6]

a. If ALWAYS, what was the **minimum** number of days new animals were isolated?

	<b>Days</b>
	0923

6. During the previous 12 months, did any goats or kids leave this operation, attend an event (e.g., fair, show, sale, rodeo, or visit to another operation), and then return to this operation?

0924  1 Yes, Continue  3 No, Go to Item 8

7. During the previous 12 months, when goats or kids temporarily left and returned, did you always, sometimes, or never **isolate** them (prevent nose-to-nose contact with other goats from this operation, and prevent sharing of feed, drinking water, and equipment) for any period of time prior to re-introduction to the herd?

0925  1 Always  2 Sometimes [Go to Item 8]  3 Never [Go to Item 8]

a. If ALWAYS, what was the **minimum** number of days these returning goats or kids were isolated? ..... 

<b>Days</b>
0926

8. During the previous 12 months, were any live goats or kids permanently removed from this operation? [Exclude goats or kids that died or were home slaughtered for your own consumption.]

0927  1 Yes, Continue  3 No, Go to Section J

9. How many live goats or kids were permanently removed from this operation during the previous 12 months: [Exclude goats or kids that died or were home slaughtered for your own consumption]

	<b>Number Removed</b>
a. Goats (1 year old and older) ..... +	0928
b. Kids (under 1 year old) ..... +	0929
c. <b>Total</b> Goats and Kids removed from this operation [Add Items 9a and 9b.] ..... =	0930

10. How many of these live goats or kids were permanently removed through the following channels:

	<b>Goats Removed</b>	<b>Kids Removed</b>
a. Direct sales to consumer or ethnic market? ..... +	0931	0939
b. Direct sales to slaughter plant/packer? ..... +	0932	0940
c. Taken to slaughter plant with retained ownership? ..... +	0933	0941
d. Direct sales to another goat producer or goat backgrounder? ..... +	0934	0942
e. Auction/sale barn? ..... +	0935	0943
f. Buyer/dealer? ..... +	0936	0944
g. Other? (specify: _____) ..... +	0937	0945
h. <b>Total</b> [Add Items 10a-10g, should equal Items 9a and 9b.] ..... =	0938	0946

11. Were any permanently removed adult goats reported in Item 9a (above)?

0947  1 Yes, Continue  3 No, Go to Section J

12. Of the permanently removed adult goats reported in Item 9a (previous page), how many were considered to be:

		Head
a. Culled breeding bucks?.....	+	0948
b. Culled breeding does?.....	+	0949
c. <b>Total</b> culled bucks and does removed from this operation? [Add Items 12a and 12b.].....	=	0950

**[If Item 12c = ZERO, SKIP to Section J]**

13. Of the culled goats reported in Item 12, how many were culled **primarily** due to:  
[Include each animal only once.]

		Culled Bucks	Culled Does
a. Illness:			
(i) Mastitis (including hard bag syndrome)?.....	+		0962
(ii) Thin or unthrifty?.....	+	0951	0963
(iii) Central nervous system signs (loss of coordination, staggering, swaying, falling down, high stepping of forelegs or stiff rear legs, lip smacking, etc.)?.....	+	0952	0964
(iv) Internal parasites, low blood count, or based on FAMACHA© score?.....	+	0953	0965
(v) Other illness? (specify: _____) .....	+	0954	0966
b. Low productivity?.....	+	0955	0967
c. Poor genetics (conformational faults, small young, etc.)?.....	+	0956	0968
d. Old age/teeth problems?.....	+	0957	0969
e. Poor mothering?.....	+		0970
f. Failure to kid (open or aborted) or other reproductive problems?.....	+		0971
g. High somatic cell count?.....	+		0972
h. Buck breeding performance?.....	+	0958	
i. Economic issues (e.g. drought, herd reduction, market conditions)?.....	+	0959	0973
j. Other? (specify: _____) .....	+	0960	0974
k. <b>Totals</b> [Add Items 13a - 13j, should equal Items 12a and 12b.].....	=	0961	0975

		Culled Bucks	Culled Does
14. What was the average age (in years) of these culled bucks and does?.....	Years	0976	0977

**Section J- Identification**

1. Do any of the goats **currently** on this operation have an individual or herd ID, such as a tattoo, collar, ear notch, brand, microchip, or ear tag?

1001     1 Yes, Continue     3 No, Go to Section K

2. In the previous 12 months, did this operation use any of the following methods to identify goats individually and/or as a member of the herd:

		<b>Individual Goat ID</b> (e.g., a unique number assigned to each goat)		<b>Herd ID</b> (e.g., farm name, farm logo, or a number unique to this farm)
a. Tattoo?.....	1002	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1011	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No
b. Collar or leg band?.....	1003	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1012	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No
c. Ear notch?.....	1004	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1013	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No
d. Hot-iron/freeze brand?.....	1005	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1014	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No
e. Paint brand?.....	1006	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1015	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No
f. Microchip?.....	1007	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1016	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No
g. Scrapie ear tag?.....	1008	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1017	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No
h. Ear tag other than scrapie ear tag?.....	1009	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1018	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No
i. Other? (specify:_____)	1010	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No	1019	<input type="checkbox"/> 1Yes <input type="checkbox"/> 3 No

3. Of the goats that were culled in the previous 12 months (reported in Section I, Item 12c), what percentage or how many head had a **herd** identification (e.g., farm name, farm logo, or a number unique to the farm) when they left this operation?.....

<b>Head</b>	<b>OR</b>	<b>Percent</b>
1020		1021

4. Has this operation been assigned a unique herd ID as part of the National Scrapie Eradication Program (scrapie PIN)?

1022     1 Yes     3 No

**Section K CONCLUSION**

**IF ONE OR MORE GOATS WERE ON HAND ON July 1, 2009 (SECTION A, Item 1):**

- Provide producer with second (mail-in) questionnaire and postage-paid mailing envelope
- Discuss Phase 2 of the study
- Have producer sign Consent Form if interested in biologics

That concludes the interview. Thank you so much for your time.

1. Please indicate the language that the respondent is most comfortable with:

- 1 English
- 2 Spanish
- 3 Other (specify: \_\_\_\_\_)

**Code**

9001
------

2. Does respondent plan to complete the second (mail-in) questionnaire?

- 1 Yes
- 3 No

**Code**

9006
------

3. Interview response code *–[check one and enter code.]*

- 1=Zero goats on hand July 1, 2009
- 2=Out of business
- 3=Refused General Goat Management Report
- 4= Complete, Consent Form signed
- 5= Complete, Consent Form refused
- 7= Out of scope for General Goat Management Report
- 8= Office hold
- 9= Inaccessible

**Code**

9002
------

4. *If response code for Item 3 is 3 or 5, check the reason below that best fits and enter code.*

- 1= Does not want to commit time to the project
- 2= Does not want involvement with government
- 3= Does not have necessary records available
- 4= Has participated in too many surveys
- 5= Does not want outside people on the goat operation
- 6= A bad time of year (planting, harvesting, second job, etc.)
- 7= Currently has or recently had disease problem with herd
- 8= Believes that surveys and reports hurt the farmer more than help
- 9= Could not get owner's permission
- 10= No reason given, or other miscellaneous reason

**Code**

9003
------

5. Did the respondent use written or computerized records to assist in answering this survey?

- 1 Yes
- 3 No

9004
------

**ENDING TIME (military)**

9005
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**THANK YOU FOR YOUR COOPERATION**

**Page Intentionally Left Blank – Notes and Calculations, etc.**

**Page Intentionally Left Blank – Notes and Calculations, etc.**

This completes the survey. Thank you for your help.

Respondent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

9910	MM	DD	YY
Date	__	__	__

Response	Respondent	Mode	Enum.	Eval.	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	789
2-R		2-Sp		2-Tel				_____
3-Inac		3-Acct/Bkpr		3-Face-to-Face				
4-Office Hold		4-Partner		4-CATI				
5-R – Est		9-Oth		5-Web				
6-Inac – Est				6-e-mail				
7-Off Hold – Est				7-Fax				
8-Known Zero				8-CAPI				407
				19-Other				408
S/E Name								

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 time required to complete this information collection is estimated to average 50 minutes per response.

**NAHMS-217  
July 2009**