**

Farm and health plan guidance - Meat and Dairy Goats

* It is not compulsory to use this template to produce your farm and health plan. However, the Certified Animal Welfare Approved by AGW standards require a farm and health plan for livestock enterprises. If you do not wish to use this template it should provide the basic structure for any other farm or health plan submitted.
* This document should be reviewed and updated annually.

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| Name, address and contact number |
|  |

###### Goat management

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| Does |
|  |
| **Name of person/people responsible for does** |
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| **Breed/breeds of does in herd** |
|  |
| **Reason for breed choice, suitability of breed for farm** |
|  |
| **Is this a dairy goat herd?** | **Yes** |  | **No** |  |

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| Production targets |
| Target number does in herd |  |
| Target number of kids born per doe |  |
| Target number of finished/store kids sold per year |  |
| Target number of does per buck |  |
| Milk yield per doe (dairy goat farms) |  |

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| **Kidding** |
| Please state month or months when kidding takes place |
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| Does with assisted births in the last year (number or %) |
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| **Replacements** |
| Are your replacements home bred? | Yes |  | No |  |
| Are your replacements bought in? | Yes |  | No |  |
| Where are replacements bought from? |  |

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| Herd age and culling |
| Average age of herd |  |
| Does culled per year (number or percentage) |  |
| Reasons for culling does (e.g. barren, poor performance etc.) |
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| **Breed/breeds of bucks used** |
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| How are bucks managed outside of the breeding season? |
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| Do you use AI? | Yes |  | No |  |

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| Housing  |
| Are the does housed at kidding? | Yes |  | No |  |
| Are the does housed in the winter? | Yes |  | No |  |
| Loose housed | Yes |  | No |  |
| Individual pens | Yes |  | No |  |
| Other (please state) | Yes |  | No |  |
| What area is available per animal? (sq. ft.) |  |
| What type of bedding is used? |  |
| How long are the does housed? |
|  |

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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how water is provided to the goats and how often this is done |
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| Feeding |
| Details of doe’s rations (concentrate/forage) |
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| Replacement does |
|  |
| Name of person/people responsible for replacements |
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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how water is provided to the replacement does and how often this is done |
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| --- |
| Feeding |
| Details of replacement doe rations (concentrate/forage) |
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| Housing  |
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| **Replacements** (Please state type of housing/shelter used – if any) |
|  |
| Please state the average number of replacement does per group |  |
| Total lying area available (sq. ft.) |  |
| Total area available per replacement doe (sq. ft.) |  |
| What type of bedding is used? |
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| KIDS |
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| **Name of person/people responsible for kid management** |
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| Navel treatments used |
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| **If kids cannot suckle:**  |
| How much colostrum is given? |  |
| For how long are they given colostrum? |  |

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| Method of kid rearing – dairy goat farms |
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| Suckled by doe |  |
| Reared on milk replacer |  |
| If suckled by doe, please state if kids are removed from the doe pre milking, how old they are when this separation occurs and how long they are held off the doe |
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| If reared on milk replacer, please state age kids are removed from does |
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| What are your emergency orphan kid rearing procedures? (Please state) |
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| Weaning age |
| At what age are kids weaned |  |
| Castration |
| Are buck kids castrated? | Yes |  | No |  |
| If yes, is an anaesthetic used? | Yes |  | No |  |
| At what age are bucks castrated? |  |
| Please state the method of castration used |
|   |
| Disbudding |
| Are kids disbudded? | Yes |  | No |  |
| If yes, give name of competent person to carry out disbudding |  |
| At what age is disbudding carried out? |  |
| How is disbudding carried out? |
|  |
| Is anaesthetic used for disbudding? |  |

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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |   | No |  |
| If no, please detail how water is provided to weaned kids and how often this is done |
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| Feeding – Kid Rations |
| 0-3 months |
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| 3-6 months |
|  |
| 6-12 months |
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| Production  |
| Number of kids being reared for meat in herd |  |
| Number of meat kids sold this year |  |
| Average finishing weight |  |
| Average finishing age (months) |  |

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| Production targets |
| Target number of kids reared for meat in herd |  |
| Target number of meat kids finished each year |  |
| Target finishing weight |  |
| Target finishing age (months) |  |

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| Housing  |
|  |
| **Kids** (Please state type of housing/shelter used – if any) |
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| Please state the average number of kids per group |  |
| Total lying area available (sq. ft.) |  |
| Total area available per animal (sq. ft.) |  |
| What type of bedding is used? |
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## HERD HEALTH

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| FERTILITY AND REPRODUCTIVE DISORDERS |

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| What were the main causes of fertility and reproductive disorders in the herd (please complete appropriate box/boxes)? |
| Type of problem e.g. Enzootic abortion, Toxoplasmosis, *Coxiella Burnetii* |  |
| Treatments used |
|  |
| Prevention measures  |
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| --- | --- |
| Type of problem e.g. Enzootic abortion, Toxoplasmosis, *Coxiella Burnetii* |  |
| Treatments used |
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| Prevention measures  |
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| LAMENESS |

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| **What were the main causes of lameness in the herd (please complete appropriate box/boxes)?** |
| Hoof Scald |
| Treatments used |
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| Prevention measures  |
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| Hoof rot |
| Treatments used |
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| Prevention measures  |
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| Other hoof problem (please state what) |
| Treatments used |
|  |
| Prevention measures  |
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| MASTITIS  |
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| Cases of mastitis per year – number or percentage of herd |  |
| Most prevalent type of mastitis seen |  |

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| Please state methods of treatment used for mastitis |
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| Please state prevention measures adopted against mastitis |
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| FLIES |
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| Is fly control a problem on your farm?  | Yes |  | No |  |
| Treatment |
| Please state treatments used  |
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| Prevention |
| Please state prevention measures adopted |
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| METABOLIC AND OTHER DISORDERS |
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| What were the main causes of metabolic or other disorders in the herd (please complete appropriate box/boxes)? |
| Twin Kid Disease (pregnancy toxaemia) |
| Treatments used |
|  |
| Prevention measures  |
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| Staggers (grass tetany) |
| Treatments used |
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| Prevention measures  |
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| Bloat |
| Treatments used |
|  |
| Prevention measures  |
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| DISEASE STATUS OF HERD |
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| Is/has the herd been tested positive for or suffered from any of the following diseases? |
| Pulpy Kidney  | Yes |  | No |  |
| Blackleg  | Yes |  | No |  |
| Caprine Arthritic Encephalitis | Yes |  | No |  |
| Johne’s | Yes |  | No |  |
| Tetanus  | Yes |  | No |  |
| Pneumonia | Yes |  | No |  |
| Scrapie | Yes |  | No |  |
| Sore mouth (orf) | Yes |  | No |  |
| Other (Please state) |
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| DISEASE CAUSING ABORTION |
|  |
| Is/has the herd been infected with any of the following diseases? |
| Enzootic abortion | Yes |  | No |  |
| Toxoplasmosis | Yes |  | No |  |
| Leptospirosis | Yes |  | No |  |
| Brucella | Yes |  | No |  |

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| VACCINATION POLICY |
|  |
| Do you vaccinate? |
| Clostridial diseases | Yes |  | No |  |
| If yes, please state the number of vaccines within the injection given (e.g. 3 in 1) |
|  |
| Please state all other vaccines given and group of animals it was given to (does, replacements, kids) |
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| ECTOPARASITES (for example: lice, mange) |
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| Please state the type of parasites found |
|  |
| Treatment |
| Please state treatments used for each group of animals |
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| Prevention |
| Please state prevention measures adopted |
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| INTERNAL PARASITES  |
|  |
| Please state the type of parasites found (e.g. roundworm, fluke) |
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| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
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**Health management**

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| Injury to goats |
| Detail any injuries found on goats on farm  |
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| Please state treatments used |
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| On farm euthanasia |
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| Please detail for each class of goat below the method of euthanasia used on farm and the reasons they have been used in the last 12 months |
| Does and bucks |
| Reasons for euthanasia (e.g. incurably lame animals) |
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| Procedure |
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| Kids pre weaning |
| Reasons for euthanasia (e.g. deformity) |
|  |
| Procedure |
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| Kids post weaning |
| Reasons for euthanasia (e.g. animal with broken leg) |
|  |
| Procedure |
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| Slaughter |
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| Where do meat goats go for slaughter? (Please provide name and address) |  |
| Method of stunning (e.g. electric shock, captive bolt) |
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| **Transport** |
| Who transports goats to slaughter? |
| Farms own staff/trailer |  | Haulier |  |
| Maximum travel length to slaughter |
| Time |  | Miles |  |
| Stocking density in transport |
|  |

Date plan completed:

Date plan due for review: