

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.
* If a block or section is not applicable to your operation, please mark the block or section N/A and place a comment in the block describing the reason it does not apply.
* While developing your plan it is recommended that you seek input from a veterinarian or qualified expert to assist you.

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| --- |
| I. General Information of Farm |
| A. Contact information |
| Name and title of person completing form |  |
| AGW Farm ID (if known) |  |
| Mailing address |
| Primary farm location (if different from mailing) |

## B. Sites (ex. outlying or subsidiary farms)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Farm/Ranch Sites | Address | Distance from home Farm/Ranch | Type of operation/use (ex. pasture/breeding/finishing) | Size/Acres |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## C. Personnel

|  |  |
| --- | --- |
| Number of staff employed |  |
| Staff titles (Manager, supervisor, laborer, field staff, etc) |
| Please detail any training given to new employees |
|  |
| Please detail any ongoing training provided to employees |
|  |

# II. Pasture Management

|  |
| --- |
| Pasture accessibility and land management |
| Do all stock have pasture access? | Yes |  | No |  |
| If no, why not? |  |
| At what age do stock have pasture access? |  |
| What is the stocking density of livestock on pasture? |  |
| Average rainfall  |  |
| Soil type |  |
| Is soil tested at least every 3 years? | Yes |  | No |  |
| Are any manures/fertilizers bought in from off-farm sources?  | Yes |  | No |  |
| If yes, what is bought in? |  |
| Is the need for bought in manures/fertilizers justified by soil testing and crop nutritional need? | Yes |  | No |  |
| Is the pasture or forage nutritional content tested? | Yes |  | No |  |

|  |
| --- |
| Types of vegetation (varieties of grasses, etc.) |
|  |
| Percentage vegetation cover (average) |  |
| Detail pasture management techniques below (e.g. rotations, reseeding, nutrient load, etc.) |
|  |
| Detail how any manure, compost or litter is disposed of or spread |
|  |

|  |
| --- |
| Detail how run off is avoided/managed |
|  |

# III. Goat management

|  |
| --- |
| A. Bucks  |

|  |
| --- |
| Breed/breeds of bucks used |
|  |
| Reason for breed choice, suitability of breed for farm |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have breeding bucks on the farm? | Yes |  | No |  |
| If you have breeding bucks on the farm please complete details below: |
| How do you identify animals? What form of identification is used? |  |
| How frequently are the bucks inspected? |  |
| Are your replacement bucks home bred? | Yes |  | No |  |
| Are you replacement bucks bought in? | Yes |  | No |  |
| What shelter is available for bucks that have access to pasture? (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) |
|  |
| Do bucks always have access to manmade shelter to escape rain?  | Yes |  | No |  |
|  |  |  |  |  |
| If bedded, what type of bedding is used? |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |   | No |  |
| If no, please detail how water is provided to the bucks and how often this is done |
|  |
| Details of buck rations (forage/minerals/feed). (Labels must be available during the audit) |
|  |
| Do bucks receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

|  |
| --- |
| How are bucks managed outside of breeding season? |
|  |

|  |
| --- |
| B. Does |

|  |
| --- |
| Breed/breeds of does in herd |
|  |
| Reason for breed choice, suitability of breed for farm |
|  |
| What form of identification is used? |  |
| How frequently are the does inspected? |  |
| Is this herd a dairy goat herd? | Yes |  | No |  |
| If yes, is the herd inspected at least twice per day? | Yes |  | No |  |
| Do you use tie stalls in your operation? | Yes |  | No |  |
| If yes, please describe in detail the use of tie stalls. |
|  |
| If no, please describe in detail the type of milking parlor used in your operation. |
|  |

|  |
| --- |
| **Production targets (Meat and Dairy herds)** |
| Actual and target number does in herd |  |
| Actual and target number of finished/market goats sold per year |  |
| Target kidding percentage |  |
| Target number of does per buck |  |
| Milk yield per doe (dairy goat farms) |  |

|  |
| --- |
| **Artificial Insemination** |
| Do you use AI? | Yes |  | No |  |
| If yes, Do you use any substances to induce estrus (heat) or sync stock? Ex. Lutalyse or implants? | Yes |  | No |  |
| If AI is used, please describe AI procedure utilized:  |
|  |

|  |
| --- |
| **Kidding** |
| Season of lambing - Please check appropriate box(es) |
| Spring |  |
| Summer |  |
| Fall |  |
| Winter |  |
| All Year  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is someone available to assist at birthing, if necessary?  | Yes |  | No |  |
| Are kidding pens used? | Yes |  | No |  |
| If yes, what area is provided in each kidding pen (sq. ft.)? |  |
| If kidding pens are used, how long are does and newborn kids confined to the pens (hours)? |  |
| Does with assisted births, typically (number or percentage) |  |
| Please explain below, what protocols you have in place to reduce assisted births? |
|  |

|  |
| --- |
| **Replacements** |
| Are your replacements home bred? | Yes |  | No |  |
| Are your replacements bought in? | Yes |  | No |  |

|  |
| --- |
| **Doe age and culling** |
| Average age of does |  |
| Does culled per year (number or percentage) |  |
| Reasons for culling does (e.g. barren, poor performance, etc.) |
|  |

|  |
| --- |
| **Shelter** (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) |
| What shelter is available for does that have access to pasture? |
|  |
| Do does always have access to manmade shelter to escape rain? | Yes |  | No |  |
| If bedded, what type of bedding is used? |
|  |

|  |
| --- |
| **Water** |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |   | No |  |
| If no, please detail how water is provided to the does and how often this is done |
|  |

|  |
| --- |
| **Feeding** |
| Details of doe rations (forage/minerals/feed) |
|  |
| Do meat herd does and dry dairy does receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |
| Do lactating dairy does receive at least 60% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

|  |
| --- |
| C. Replacement Does  |

|  |
| --- |
| Kidding replacement does  |
| What form of identification is used? |  |
| How frequently are the replacement does inspected? |  |
| Do you use Artificial Insemination (AI)?  | Yes |  | No |  |
| If yes, do you use any substances to induce estrus (heat) or sync stock? Ex. Lutalyse or implants? | Yes |  | No |  |
| If AI is used, please describe AI procedure utilized: |
|  |
| Minimum age at kidding |  |
| Minimum weight or withers height at service |   |
| Minimum condition score at service |  |
| Minimum condition score at kidding |  |
| Breed of buck(s) to be used on replacement does |  |

|  |
| --- |
| Time of kidding - Please check appropriate box(es) |
| Spring |  |
| Summer |  |
| Fall |  |
| Winter |  |
| Year Round |  |
| Is someone available to assist at birthing, if necessary?  | Yes |  | No |  |
| Are kidding pens used? | Yes |  | No |  |
| If yes, what area is provided in each kidding pen (sq. ft.)? |  |
| If kidding pens are used, how long are does and newborn kids confined to the pens (hours)? |  |
| Replacement does with assisted births, typically (number or percentage) |  |
| Please explain below, what protocols you have in place to reduce assisted births? |
|  |

|  |
| --- |
| Shelter (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) |
| What shelter is available for replacement does that have access to pasture? |
|  |
| Do replacement does always have access to manmade shelter to escape rain? | Yes |  | No |  |
| If bedded, what type of bedding is used? |
|  |

|  |
| --- |
| **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 |
|  |

|  |
| --- |
| **Feeding** |
| Details of replacement doe rations (forage/minerals/feed) |
|  |
| Do replacement does receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

|  |
| --- |
| D. Kids  |

|  |  |
| --- | --- |
| What form of identification is used? |  |
| How frequently are kids inspected? |  |
| Navel treatments used |
|  |
|  |
| How long are kids allowed to suckle on their does? |  |
| If kids cannot suckle:  |
| Is colostrum given? | Yes  |  | No |  |
| Method of kid rearing (please check all that apply) |
| Suckled by doe |  |
| Nurse Doe |  |
| Bucket, bottle or milk bar reared |  |
| Automated Kid Feeder |  |
| What are your emergency kid rearing measures should kids be orphaned or rejected? (Please state) |
|  |

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| Where do any kids not retained on the farm go? |
|  |
| At what age do the kids leave the farm? |
|  |

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| --- |
| **Removal of Supernumerary Teats** |
| Are supernumerary teats removed from female dairy kids? | Yes |  | No |  |
| If yes, at what age? |  |
| If yes, is anesthetic used? | Yes |  | No |  |
| If yes, what anesthetic is used? |
|  |

|  |
| --- |
| **Castration** |
| Are buck kids castrated? | Yes |  | No |  |
| If yes, is an anesthetic 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 anesthetic used for disbudding? | Yes |  | No |  |
| If yes, what anesthetic is used? |
|  |
| If no, why is anesthetic not used? |
|  |

|  |
| --- |
| **Weaning**  |
| At what age are meat kids weaned from milk? |  |
| Is fence line weaning used? | Yes |  | No |  |
| Please detail how stress for the doe and kids is minimized at weaning |  |
| At what age are dairy goat kids weaned from milk or milk replacer? |  |
| Please detail how stress for the dairy does and kids is minimized at separation |
|  |

|  |
| --- |
| **Shelter** (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) |
| What shelter is available for kids that have access to pasture? |
|  |
| Do kids always have access to manmade shelter to escape rain? | Yes |  | No |  |
| If bedded, what type of bedding is used? |
|  |

|  |
| --- |
| **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 |
|  |

|  |
| --- |
| **Feeding – Kid Rations** (forage/minerals/feed) |
| 0-3 months |
|  |
| 3-6 months |
|  |
| 6-12 months |
|  |
| Do kids after weaning from milk/milk replacer receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

|  |
| --- |
| E. Market/Finishing Goats  |

|  |
| --- |
| Sourcing |
| Do you source any feeder stock? | Yes |  | No |  |
| Do you source any finished or point of sale goats? | Yes |  | No |  |
| If yes to any of the above, please describe in detail from where the stock is sourced from and the status of the farm/ranch (ex. AWA or in the process of AWA approval) |
|  |

|  |
| --- |
| Production targets |
| Actual and target number of goats being raised for meat in herd |  |
| Actual and target number of goats sold for meat |  |
| Average finishing weight |  |
| Average finishing age (months) |  |
| What form of identification is used? |  |
| How frequently are market/finishing goats inspected? |  |

|  |
| --- |
| **Shelter** (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) |
| What shelter is available for market/finishing goats that have access to pasture? |
|  |
| Do market/finishing goats always have access to manmade shelter to escape rain? | Yes |  | No |  |
| If bedded, what type of bedding is used? |
|  |

|  |
| --- |
| **Water** |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |

|  |
| --- |
| If no, please detail how water is provided to the market/finishing goats and how often this is done |
|  |

|  |
| --- |
| **Feeding**  |
| Details of market/finishing goat rations (forage/minerals/feed) |
|  |
| Do market/finishing goats receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

# IV. Removal of Animals from Approved Farm

|  |
| --- |
| A. Showing animals |
| Do you show animals? | Yes |  | No |  |
| If yes, please describe in detail covering the following areas: How many shows do you take your animals to in a calendar year? How long are the animals at the show? How many animals do you take? Travel time to shows? Please describe how you maintain animal health and welfare, transport, biosecurity and continued compliance with the Animal Welfare Approved standards while animals are removed from the approved farm. |
|  |

|  |
| --- |
| B. Breeding animals |
| Do you remove animals from your farm for breeding? | Yes |  | No |  |

|  |
| --- |
| If yes, please describe in detail how you maintain animal health and welfare, transport, biosecurity and continued compliance with the Animal Welfare Approved standards while animals are removed from the approved farm.  |
|  |

|  |
| --- |
| C. Grazing animals |
| Do you remove animals from your farm for grazing acreage which is not owned by you and for which you do not have management control? | Yes |  | No |  |
| If yes, please describe in detail: number of animals sent off-site, length of stay and how you maintain animal health and welfare, transport, biosecurity and continued compliance with the Animal Welfare Approved standards while animals are removed from the approved farm.  |
|  |

# V. Breed Stock Sales

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you sell breed stock? | Yes |  | No |  |

|  |
| --- |
| If yes, please describe in detail covering the three following areas: overall breeding aims, protocol for selecting and matching sires and dams, and the criteria used to assess whether animals are suitable to be marketed as breeding stock. |
|  |

# VI. Exclusion from Pasture

This section must be completed if animals are removed from pastures and housed OR if animals remain outside on pastures where vegetation cover cannot be maintained (sacrifice pastures) OR if animals remain outside on pastures that are covered by snow to a depth where animals cannot access vegetation.

|  |
| --- |
| A. General information |
|  Do stock have access to pasture (growing green vegetation) all year round? | Yes |  | No |  |
| If no, please give reasons why access to growing green vegetation is not possible all year round |
|  |
| If you choose to remove your animals from pasture or restrict them to sacrifice pastures, please state why animals are removed from pasture or restricted to sacrifice pastures and state the trigger(s) for this to take place. [Note: it is not acceptable to simply give a date as a trigger for removal from pasture. Triggers should relate to conditions that will affect animal welfare, but please indicate roughly the time of year removal from pasture will occur, if known] |
|  |

|  |
| --- |
| Please state trigger(s) for allowing animals back onto pasture. [See note above. As well as trigger(s), please indicate roughly the time of year animals will be allowed back onto pasture, if known] |
|  |

|  |
| --- |
| B. Snow covered pastures and sacrifice pastures |
| If animals remain out on pasture year around but pastures are likely to be snow covered such that animals cannot access any vegetation for more than 28 days OR if animals remain out on pastures but vegetative cover cannot be maintained: |
| Please state approximate times of year when pastures may be snow covered |  |
| Please state average depth of snow at this time |  |
| Please state approximate times of year when sacrifice pastures may be used |  |
| Are wind breaks provided on pasture? | Yes |  | No |  |
| If yes, please give details of wind breaks (materials used, layout) |
|  |
| Is a bedding pack provided on pasture? | Yes |  | No |  |
| If yes, please give details of bedding pack management (materials used, how pack is established, how often it is topped up, etc.) |
|  |
| How is water provided to animals when on snow covered pastures OR sacrifice pastures? |
|  |
| How is feed provided to animals when on snow cover pastures OR sacrifice pastures? |
|  |

|  |
| --- |
| **Housing off pasture** |

|  |
| --- |
| C. Bucks |
|  |
| Please give a brief description of the housing bucks are kept in if they are removed from pasture and housed for the reasons stated above.  |
|  |
| Total area available inside housing (sq. ft.) |  |
| Total area available outside housing, if any (sq. ft.) |  |
| Do bucks have access to raised platforms when housed off pasture? | Yes |  | No |  |
| What type of bedding is used and how often is bedding replenished? |
|  |
| How is water provided to bucks when they are housed? |
|  |
| How is feed provided to bucks when they are housed? |
|  |

|  |
| --- |
| D. Does with Kid(s) at Side  |
|  |
| Please give a brief description of the housing does with kid(s) at side are kept in if they are removed from pasture and housed for the reasons stated above. |
|  |
| Total area available inside housing (sq. ft.) |  |
| Total area available outside housing, if any (sq. ft.) |  |
| Do does with kids have access to raised platforms when housed off pasture? | Yes |  | No |  |
| What type of bedding is used? |
|  |
| How is water provided to does with kid(s) at side when they are housed? |
|  |
| How is feed provided to does with kid(s) at side when they are housed? |
|  |

|  |
| --- |
| E. Dry Does  |
|  |
| Please give a brief description of the housing dry does are kept in if they are removed from pasture and housed for the reasons stated above.  |
|  |
| Total area available inside housing (sq. ft.) |  |
| Total area available outside housing, if any (sq. ft.) |  |
| Do dry does have access to raised platforms when housed off pasture? | Yes |  | No |  |
| What type of bedding is used and how often is bedding replenished? |
|  |
| How is water provided to dry does when they are housed? |
|  |
| How is feed provided to dry does when they are housed? |
|  |

|  |
| --- |
| F. Replacement Does  |
|  |
| Please give a brief description of the housing replacement does are kept in if they are removed from pasture and housed for the reasons stated above.  |
|  |
| Total area available inside housing (sq. ft.) |  |
| Total area available outside housing, if any (sq. ft.) |  |
| Do replacement does have access to raised platforms when housed off pasture? | Yes |  | No |  |
| What type of bedding is used and how often is bedding replenished? |
|  |
| How is water provided to replacement does when they are housed? |
|  |
| How is feed provided to replacement does when they are housed? |
|  |

|  |
| --- |
| G. Market/Finishing Goats  |
|  |
| Please give a brief description of the housing market/finishing goats are kept in if they are removed from pasture and housed for the reasons stated above.  |
|  |
| Total area available inside housing (include any outdoor pen access) (sq. ft.) |  |
| Total area available outside housing, if any (sq. ft.) |  |
| Do market/finishing goats have access to raised platforms when housed off pasture? | Yes |  | No |  |
| What type of bedding is used and how often is bedding replenished? |
|  |
| How is water provided to market/finishing goats when they are housed? |
|  |
| How is feed provided to market/finishing goats when they are housed? |
|  |

# VII. Herd Health

|  |
| --- |
| A. Temporary Close Confinement |
| Please describe in the block below any temporary close confinement or tying up (tethering), which may be required for vaccination, weighing, feeding, milking, marking or veterinary procedures. |
|  |

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| --- |
| B. Antibiotics |
| Please give examples of times when antibiotics might be used |
|  |
| Please detail the procedure for identifying/separating a goat or herd that has been treated with antibiotics |
|  |

|  |
| --- |
| C. Fertility and Reproductive Disorders  |

|  |
| --- |
| 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  |
|  |

|  |
| --- |
| D. Mastitis  |
| Dairy does only |
| Are individual doe somatic cell counts recorded? | Yes |  | No |  |
| Are samples taken to find bacteriological causes of mastitis? | Yes |  | No |  |
| Average herd cell count (if known) |  |

|  |
| --- |
| Dairy and Meat Does |
| Cases of mastitis per year – number or percentage of herd |  |
| Most prevalent type of mastitis seen |  |
| Please state methods of treatment used for mastitis |
|  |
| Please state prevention measures adopted against mastitis |
|  |

|  |
| --- |
| D. Metabolic and Other Disorders  |
|  |
| 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  |
|  |

|  |
| --- |
| Staggers (grass tetany) |
| Treatments used |
|  |
| Prevention measures  |
|  |

|  |
| --- |
| Bloat |
| Treatments used |
|  |
| Prevention measures  |
|  |

|  |
| --- |
| E. Disease Status of Herd  |
|  |
| 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) |
|  |

|  |
| --- |
| **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 |  |

|  |
| --- |
| F. 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) |
|  |
| If you do not typically vaccinate, would you vaccinate if disease pressure existed? | Yes |  | No |  |

## G. Parasites

|  |
| --- |
| Fecal/FAMACHA Testing |
| Is fecal testing performed? | Yes |  | No |  |
| Is FAMACHA scoring performed? | Yes |  | No |  |
| If yes, when is fecal and/or FAMACHA testing performed? (ex. annually, when the presence of parasites is suspected, etc.) |
|  |

|  |
| --- |
| **Ectoparasites** (for example: lice, mange, flies) |
|  |
| Please state the type of parasites found |
|  |

|  |
| --- |
| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| **Internal Parasites**  |
|  |
| Please state the type of parasites found (e.g. roundworm, fluke) |
|  |
| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| **Coccidiosis**  |
|  |
| Treatment |
| Please state treatments used |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| H. Injury to Goats  |
| Detail any injuries found on goats on farm  |
|  |
| Please state treatments used |
|  |

|  |
| --- |
| I. Lameness  |

|  |
| --- |
| What were the main causes of lameness in the herd (please complete appropriate box/boxes)? |
| Hoof Scald |
| Treatments used |
|  |
| Prevention measures  |
|  |
| Hoof rot |
| Treatments used |
|  |
| Prevention measures  |
|  |

|  |
| --- |
| Other hoof problems (please state what) |
| Treatments used |
|  |
| Prevention measures  |
|  |

# VII. Health Management

|  |
| --- |
| A. Biosecurity |
|  |  |  |  |  |
| Do you have a biosecurity policy in place? | Yes |  | No |  |
| Are there disinfectant points prior to entering livestock areas? | Yes |  | No |  |
| Do you restrict employees from keeping their own livestock? | Yes |  | No |  |
| Are vehicles entering property (feed trucks, repair persons’ vehicles, etc.) disinfected? | Yes |  | No |  |
| Please detail companies who regularly send vehicles to your property (e.g. Farmers Milling Co. weekly delivery, etc.) |
|  |
| Is this a closed herd? | Yes |  | No |  |
| Do you have isolation facilities for new or sick animals? | Yes |  | No |  |
| Do you have any biosecurity routines for bought in stock? | Yes |  | No |  |
| Please detail the biosecurity routines below |
|   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have shared borders with other livestock farms? | Yes |  | No |  |
| If yes, what measures are in place to prevent the risk of disease transfer between herds? |
|  |
| Do you allow visitors onto your farm? | Yes |  | No |  |
| Do you keep a record of visitors? | Yes |  | No |  |

|  |
| --- |
| If you allow visitors, what measures do you require they take to prevent introduction of disease into your herd? |
|  |

|  |
| --- |
| B. Predator and rodent control |
|  |
| Please state the type of predators and rodents found |
|  |

|  |
| --- |
| Controls |
| Do you use Livestock Guardian Dogs in your operation? Ex. Great Pyrenees  | Yes |  | No |  |
| Do you use Livestock Guardian Animals in your operation? Ex. Donkey | Yes |  | No |  |
| Do you use Herding Dogs in your operation? Ex. Border Collie | Yes |  | No |  |
| If yes to any of the above, please describe in detail the following areas: Number of Guardian Dogs and/or Guardian Animals and/or Herding Dogs you have. Selection Criteria, Training Procedure, Health and Animal Management, Food, Water and Shelter. |
|  |
| Please state any other methods used to control predators and rodents. |
|  |

|  |
| --- |
| C. Mortality |

|  |  |
| --- | --- |
| Bucks, Does and Replacement Does mortality level |  |
| Causes of buck, doe and replacement doe mortality  |
|  |
| Prevention measures implemented |
|  |
| Kids mortality level |  |
| Causes of kid mortality |
|  |
| Prevention measures implemented |
|  |

|  |  |
| --- | --- |
| Market/Finishing goat mortality level |  |
| Causes of market/finishing goat mortality |
|  |
| Prevention measures implemented |
|  |

|  |
| --- |
| D. On farm euthanasia |
|  |
| Please detail for each class of goats below the method of euthanasia used on farm when necessary: |
| Does and Bucks |
| Reasons for euthanasia (e.g. incurably lame animals) |
|  |
| Procedure |
|  |
| Kids pre-weaning |
| Reasons for euthanasia (e.g. deformity) |
|  |
| Procedure |
|  |

|  |
| --- |
| Kids post-weaning |
| Reasons for euthanasia (e.g. animal with broken leg) |
|  |
| Procedure |
|  |

# VIII. Emergency Information

|  |
| --- |
| **Emergency procedures** |
|

|  |
| --- |
| A. Emergency Numbers |
| Owner’s (or Manager’s) cell/mobile phone number |  |
| Veterinarian |  |  |
| Fire |  |  |
| Electric company/electric repairs |  |  |
| Gas company |  |  |
| Feed company |  |  |

 |

## B. Potential Emergency Scenarios

|  |
| --- |
| Potential emergency scenarios – e.g. fire, flood, power failure, etc. (please complete a box below for each one) |
| Scenario | Fire |
| Actions |
|  |
| Scenario | Electricity Failure  |
| Actions |
|  |

|  |  |
| --- | --- |
| Scenario | Flood |
| Actions  |
|  |
| Scenario | Other (please note) |
| Actions  |
|  |

# IX. Transport

|  |
| --- |
| Who transports animals? |
| Farms own staff/trailer |  | Trucker |  |
| Where are animals transported and when (e.g. farm to farm, farm to pasture, farm to slaughter) |
|  |
| Maximum travel length? |
| Time |  | Miles |  |
| Stocking density in transport (e.g. size of trailer and maximum number and weights of animals carried) |
|  |

# X. Slaughter

|  |  |
| --- | --- |
| Where do meat goats go for slaughter? (Please provide name and address) |  |
| Method of stunning (e.g. electric shock, captive bolt) |
|  |

Date plan completed:

Date plan due for review: