

Sick Goat QUESTIONNAIRE

NAME OF GOAT: _____

BASIC INFORMATION

Age of Goat _____ Rectal Temp _____

Sex of Goat _____ Current Weight _____

Breed of Goat _____

Eating, drinking, peeing, & pooping _____

Symptoms _____

DOES

Y N

Pregnant? Due Date _____

Nursing How many? _____

Bucking/Doeling Ratio _____

Any issues during pregnancy, delivery, or lactation? Notes: _____

Recent weaning of kids, and if so, when? When: _____

BUCKS

Has the buck been recently castrated or disbudded/dehorned? Notes: _____

Is the buck currently breeding does? If yes, how many and for how long? Notes: _____

KIDS

Is the kid nursing? If so, its position in the sibling pecking order. Notes: _____

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Was it a difficult birth? Sufficient colostrum intake? Notes: _____

Recent weaning status. _____

Is it a bottle baby? If so, feeding details, age, & weight. _____

VET HISTORY

Medications given, including details of veterinary visits. _____

PREFERENCES

Y N

Is the goat new to the farm?

Born on-site or acquired from an auction/private farm?

If acquired, travel distance to your farm? _____

HEALTH HISTORY

Last deworming: Product, dosage, administration method _____

Fecal checked If done, and when. _____

Vaccinations received and their timelines. _____

NUTRITIONAL DETAILS

Current diet: Specifics on grains, pasture, and hay. _____

Recent changes in feeding regimen and their nature. i.e. did the goat just get into a bag of chicken feed? etc _____

ENVIRONMENTAL FACTORS

Recent weather changes: _____

HERD DYNAMICS

Alterations in herd membership: New additions or transfers affecting the pecking order. _____

Number of goats in the pen/pasture with the ill goat. _____

Size of the pen/pasture (acreage or dimensions). _____

OWNER'S PRESENCE

Owner's residence status on the property. Frequency and distance of owner visits. _____