**Logo

Description automatically generated**

**Dairy Goat Health Plan**

|  |  |  |
| --- | --- | --- |
| **Farm Name** |  | |
| **Veterinary Practice Details** |  | |
| **Nominated Vet** |  | |
| **Relevant persons** | | |
| **Foot Trimmer** |  | |
| **Nutritionist** |  | |
| **Medicine Administration** |  | |
|  |  | |
|  |  | |
|  |  | |
| **Type and number of Livestock covered by the plan** | Youngstock/kids:  Doe:  Buck: | |
| **Plan completed by** | **Name:** | **Role on farm:**  **Date:** |
| Vet Declaration:  The information recorded within this health plan, is, to the best of my knowledge accurate and a true reflection of practices on the farm. | Signature:  Date: |
|  | Review – Vet Declaration:  The information recorded within this health plan, is, to the best of my knowledge accurate and a true reflection of practices on the farm. | Signature:  Date: |
|  | Review – Vet Declaration:  The information recorded within this health plan, is, to the best of my knowledge accurate and a true reflection of practices on the farm. | Signature:  Date: |

**1. Biosecurity**

Biosecurity measures must be farm-specific, relevant and proportionate to the health risks.

|  |  |
| --- | --- |
|  | **Farm Specific Measures** |
| **Measures taken with incoming stock:** |  |
| * Sourcing policy |  |
| * Ascertaining disease status |  |
| * Pre-movement/purchase information from seller |  |
| * Avoid / minimise mixing of stock (isolation period) |  |
| **Nominated Isolation Facility/Area** |  |
| * Location of nominated Isolation facility or area |  |
| * Actions required, if any, to make the facility available |  |
| * Means of cleaning and disinfecting after use |  |
| **Other Measures:** |  |
| * People inc. visitors |  |
| * Buildings |  |
| * Equipment |  |
| * Vehicles |  |
| * Farm pets inc. working dogs (worming) |  |
| * Fencing |  |

**2. Infectious Disease and Vaccinations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disease** | **Status\*** | **Test / Control Measure / Vaccine** | **Target Animals** | **Frequency/Timing** |
| Johne’s Disease  (declaration to be annually made under Goat JMP) |  |  |  |  |
| TB |  |  |  |  |
| Clostridial Enterotoxaemia |  |  |  |  |
| Tetanus |  |  |  |  |
| Caprine Arthritis Encephalitis Virus (CAE) |  |  |  |  |
| Caseous Lymphadenitis |  |  |  |  |
| Pasteurellosis |  |  |  |  |
|  |  |  |  |  |

Use the blank rows to indicate other conditions that are relevant to the farm (eg: pneumonia, Blue Tongue, salmonella, ringworm)

* Status: F - free, U - currently unknown, action required, V - vaccinated, T - being tested, M- being monitored, P - present, N - no action

**3. Parasite Control**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parasite** | **Tests/ Control Measure / Product** | **Target Animals** | **Frequency/ Timing** |
| Fluke |  |  |  |
| Lungworm |  |  |  |
| Intestinal Worms |  |  |  |
| Lice |  |  |  |
| Flies |  |  |  |
| Ticks |  |  |  |
|  |  |  |  |
|  |  |  |  |

Use the blank rows to include any other parasites that are relevant to the farm

**4. Footcare and Lameness Management**

|  |  |
| --- | --- |
| **Name of persons with responsibility for footcare and lameness management (mobility scoring and/or trimming)** | **Experience/ Qualifications** |
|  |  |
|  |  |
|  |  |

**Mobility Scoring**

|  |  |
| --- | --- |
| **Frequency** |  |
| **Where recorded** |  |
| **Action taken with**  **Score 2 goats**  **Score 3 goats** |  |

**Routine Measures taken for Prevention, Control and Treatment of Foot Problems (e.g. examination, trimming, foot-bathing)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Measure** | **When / How Often /**  **Who** | **Products Used** |
|  | Control:  Treatment: |  |  |
|  | Control:  Treatment: |  |  |
|  | Control:  Treatment: |  |  |
|  | Control:  Treatment: |  |  |
|  | Control:  Treatment: |  |  |
|  | Control:  Treatment: |  |  |

Use the blank rows to include other conditions that are relevant to the farm.

**5. Mastitis**

Describe method (s) of detection:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Routine preventative measures** | **Used?** | **Products used** |
| Pre-dipping | Yes/ No |  |
| Post-dipping | Yes/ No |  |
| Cluster Spraying | Yes/ No |  |
|  |  |  |
|  |  |  |

**Actions taken in treatment of clinical mastitis cases:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | **Measures Taken** | **Products Used** | **Route of administration** | **Withdrawal Period**  **(milk and meat)** |
|  |  |  |  | Milk  Meat |
|  |  |  |  | Milk  Meat |
|  |  |  |  | Milk  Meat |
|  |  |  |  | Milk  Meat |

Please indicate details for any specific conditions being tackled.

**6. Management of Drying Off**

**Procedures for drying off goats:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Measures Taken** | **Products Used** | **Criteria for use/Thresholds** | **Withdrawal Period**  **(milk and meat)** |
|  |  |  |  | Milk  Meat |
|  |  |  |  | Milk  Meat |
|  |  |  |  | Milk  Meat |
|  |  |  |  | Milk  Meat |

**7. Metabolic Disorders**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Preventative Measures** | **Measure Taken**  **If affected** | **Products Used** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Use the blank rows to include other conditions that are relevant to the farm.

**8. Kidding Procedures & Colostrum Policy**

|  |  |  |
| --- | --- | --- |
| **Youngstock management i.e. water and feed provision, group housing** |  | |
| **Average time kid left with goat** |  | |
| **Johne’s positive goat – action at kidding** |  | |
| **Colostrum** | Quantity |  |
| Quality |  |
| Timeframe |  |
| Method of feeding |  |
| Alternative source (frozen, powdered etc) |  |

* Management of milk from goats under statutory withdrawal for veterinary medicines

|  |
| --- |
|  |

**9. Husbandry Procedures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type and age of stock** | **Task** | **Person\*** | **Method** | **Anaesthetic used** | **Analgesic used** |
|  | Disbudding |  |  |  |  |
|  | Dehorning |  |  |  |  |
|  | Castration |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Use the blank rows to include other routine operations supplied to the herd.

\* Persons undertaking veterinary related tasks must be suitable, experienced and/or trained, details of which must be recorded in Training Records.

**10. Identifying Treated Animals**

Describe the means used for identification (for all ages and species covered by the plan):

|  |
| --- |
|  |

**11. Pain Relief – all pain relief must be recorded in the medicine records**

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedure/injury/action** | **Product used** | **Rate** | **Person responsible** |
| **Lameness** |  |  |  |
| **Difficult kidding** |  |  |  |
| **Mastitis** |  |  |  |
|  |  |  |  |

1. **Euthanasia/ on-farm killing**

Document the methods used and names of who carries out euthanasia.

|  |  |  |
| --- | --- | --- |
| **Animal Type** | **Method Used** | **Person who carries it out** |
| **Kids under 4 weeks/<10kg** |  |  |
| **Youngstock** |  |  |
| **Adult stock** |  |  |

**Methods of Disposal:**

1. **Other Disease and Management Problems**

|  |  |
| --- | --- |
| **Condition** | **Prevention/Treatment Measures (including products used and withdrawal periods)** |
|  |  |
|  |  |
|  |  |
|  |  |