



# APPLICATION FOR CERTIFICATION OF GOAT OPERATIONS

**TO BE COMPLETED IN FULL**

GENERAL INFORMATION			
PRODUCER NAME			
FARM NAME			
ADDRESS (physical and mailing)			
ORGANIZATIONAL STRUCTURE (ISO §8.2.2.)	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (please specify) _____		
ON FARM CONTACT			
TELEPHONE NO:	FAX NO:	MOBILE NO:	E-MAIL:
List brand name(s) product is sold under			
TOTAL AREA (ACRES)-home ranch			
OTHER ADDRESSES USED FOR HOUSING STOCK	1	2	
AREA (ACRES)			
MILES FROM MAIN UNIT			
MANAGED AS MAIN UNIT	YES    NO	YES    NO	

*For more locations, provide the same details as above for other sites on a separate attached piece of paper.*

TYPE OF UNIT:	Meat Production	Milk Production	Fiber Production	
Total goat number	# of Milking does	Average lbs. milk/year	Average lbs. fiber/year	
# of kids sold	# of feeders sold	# of feeders bought		
Is this a closed herd? Y N If no, list supplier (name, address, phone number):				
Milk processor <i>Complete processor information sheet</i>	Name: Registration Number:			
Name of Processor <i>Complete processor information sheet</i>				
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Quality Assurance Program(s):			

# FARM QUESTIONNAIRE: GOATS

## 1) HERD BIOSECURITY POLICY

a. Describe quarantine and processing of newly purchased stock or those returning to the farm (including does, bucks and show animals).

b. Do vehicles entering farm premises have access restricted to specific areas of farm? Y    N

c. Are visitors required to wear boots and other protective apparel and is their access restricted to specific areas of the farm, pending owner/manager approval? Y    N

Explain: \_\_\_\_\_

d. Are employees trained in biosecurity measures? Y    N

e. Are work routines organized to minimize disease transfer between animal groups? Y    N

f. Are sick animals segregated from the rest of the herd? Y    N

If yes, where?

## 2) FEED AND WATER

### Feed Suppliers

Name:

Address:

Telephone No.:

Mills Used:

Major source      Minor source

**Name:**

Address:

Telephone No.:

Mills Used:

Major source          Minor source

**Name:**

Address:

Telephone No.:

Mills Used:

Major source          Minor source

Is feed free from all mammalian protein, except milk, and milk products.                  Y          N

Is feed free from growth promoters and sub-therapeutic antibiotics?                                  Y          N

Are feed ingredient tags available for at least one year?    Y          N

Are basic rations for each grouping of animals available for at least one year?                                  Y          N

Feed records retention – keep a representative ingredient tag for each ingredient used. Replace old tags with current tags as rations change.

Are feed bunks filled manually or automatically? \_\_\_\_\_

How often are feed bunks cleaned? \_\_\_\_\_

How much bunk space is available for animals to use? \_\_\_\_\_

Are goats kept on pasture?    Y          N

How is animal access to poisonous plants or unsuitable feedstuffs prevented? \_\_\_\_\_

**Commodity Feed Area**

Is feed kept covered?    Y          N

Are commodity storage areas cleaned between loads of feed?    Y          N

Describe commodity/feed storage (separate or mixed; covered or uncovered):

How many days supply of feed is available on the ranch?

**Water**

What type of waterers do the goats have access to? \_\_\_\_\_

How many waterers of each type are in each pen/pasture? \_\_\_\_\_

How often are water troughs checked? \_\_\_\_\_

How often are water troughs cleaned? \_\_\_\_\_

Are water troughs disinfected? Y    N

If yes, what is used: \_\_\_\_\_

Are any water filtration/purification systems used? Y    N

If yes, please list: \_\_\_\_\_

What is the primary water source for the farm? \_\_\_\_\_

What are emergency or backup water sources? \_\_\_\_\_

**Colostrum**

Is a source of colostrum (Dam, pool, frozen, freeze dried product) available for kids  
that may need it? \_\_\_\_\_

If colostrum is given to a kid, when is it given? \_\_\_\_\_

Method used (bottle, tube, nurse doe): \_\_\_\_\_

Volume administered: \_\_\_\_\_

Is quality of colostrum checked? Y    N

Is colostrum pooled? Y    N

Source of milk for older kids (hospital milk, replacer, tank milk, combination  
of sources): \_\_\_\_\_

At what age are kids weaned? \_\_\_\_\_

At what age are kids provided forage or creep feed? \_\_\_\_\_

### 3) BODY CONDITION SCORING

When are animals body condition scored?

By whom?

What type of scoring system is used?

### 4) FACILITIES

Describe your housing and pen/corral/pasture facilities (number, size, type, flooring, manure system).

What are the size and stocking rates (number of animals) for each building or pasture unit?

Describe your animal handling facilities (chutes, restraint systems, handling aids, etc.).

If applicable, describe facility ventilation systems

Where do does kid? \_\_\_\_\_

How often are does checked during kidding season? \_\_\_\_\_

How often are livestock checked during various seasons?

Winter \_\_\_\_\_

Spring \_\_\_\_\_

Summer \_\_\_\_\_

Fall \_\_\_\_\_

What protection for animals from inclement weather is provided during:

Winter: \_\_\_\_\_

Summer: \_\_\_\_\_

What protection from predators (dogs, coyotes, etc.) is provided? \_\_\_\_\_

How/where are bucks housed? \_\_\_\_\_

**Cleaning and Disinfection Policy:**

**a. Compounds Used for Cleaning and Disinfection**

List the compounds/products/methods used on farm/ranch to clean/disinfect:

\_\_\_\_\_  
\_\_\_\_\_

**b. Buildings (e.g. milk parlor, or inside of barns/buildings)**

Preparation (scraping?):

Cleaning method (pressure wash, scrub, etc.):

Disinfectant used:

Resting (drying) period:

**c. Corrals/Pens (including kid pens)**

Preparation:

Cleaning method:

Disinfectant used:

Resting (drying):

**d. Equipment (vehicles, tractors, etc.)**

Preparation:

Cleaning method:

Disinfectant used:

Resting (drying):

**e. Livestock, People, and Pests--Procedures used to keep stock clean**

sprinkler pen	Y	N
hand-wash udders	Y	N
pre dip teats	Y	N
post dip teats	Y	N
foot bath	Y	N
switch trimming	Y	N
clip/flame udders	Y	N

**5) WASTE MANAGEMENT POLICY (APPLICABLE TO FEEDLOT OR PENNED ANIMALS)**

a. How often are pens/corrals scraped?

Winter: \_\_\_\_\_

Summer: \_\_\_\_\_

b. How is manure disposed of:

composting	spread on land (size of acreage available _____)
lagoon	other _____

c. How is medical waste (needles, scalpel blades, medicine containers, syringes, etc.) disposed of?

\_\_\_\_\_

Are sharps containers used? Y    N  
 (leak-proof, puncture resistant container, such as empty coffee tin, or similar)

**6) PEST CONTROL POLICY**

*Indicate methods/products used to control rodents, birds and flies:*

**a. Rodents**

traps	Y	N
bait	Y	N
limit access (elevated feed)	Y	N
covered feed storage	Y	N
cats	Y	N

**b. Birds**

bait	Y	N
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nets	Y	N
covered feed storage	Y	N
noise or visual deterrents	Y	N

**c. Flies**

bait	Y	N
environmental control (e.g. frequent cleaning)	Y	N
traps	Y	N
Products used on stock (e.g. Silence)	Y	N
Other:		

**7) ANIMAL HEALTH PROCEDURES**

*Vaccination Program*

**Kids**

Age	Product	Age	Product

**Milking does**

Age	Product	Age	Product

**Adults**

Age	Product	Age	Product

*Deworming Program*

**Kids**

Age	Product	Age	Product

**Milking does**

Age	Product	Age	Product




**Adults**

Age	Product		Age	Product

**External Parasite Control Program**

**Kids**

Age	Product		Age	Product

**Milking does**

Age	Product		Age	Product

**Adults**

Age	Product		Age	Product

**Neonatal Care**

Vaccinations given:

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Medications given:

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Procedures completed:

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**Foot Care**

Frequency of foot trimming for adult goats: \_\_\_\_\_

Are foot baths used? Y    N

If yes, what type of solution is used: \_\_\_\_\_

How often is solution changed: \_\_\_\_\_

**Management Procedures**

Inspection: Are all stock inspected at least daily? Y    N

Disbudding

Age Method

Castration

Age Method

Removal of extra teats

Age Method

**Animal handling and identification**

Types of handling aids used: \_\_\_\_\_

How are individual animals identified? \_\_\_\_\_

**8) CASUALTY STOCK POLICY**

a. Emergency Euthanasia Plan (by age group)

EUTHANASIA METHODS		
Stage of Production	Euthanasia Method of Choice	Alternative Euthanasia Method
Kids		
Adults		

INDIVIDUAL TRAINED AND APPROVED TO PERFORM EUTHANASIA ON FARM		
Name	Trained and Approved By	Approval Date


*Producers should keep a copy of the “The Emergency Euthanasia of Sheep and Goats” by California Department of Food and Agriculture and Veterinary Medicine Extension, U.C. Davis, with their farm plan (available for download at [www.certifiedhumane.org](http://www.certifiedhumane.org) ).*

b. Carcass Disposal Policy

Method of carcass disposal (if rendering company or dead hauler is used, list name and number):

Method used to restrict access to carcasses present on farm/ranch:

Method used to reduce fly and odor nuisance:

**9) ANIMAL RELATED EMERGENCY ACTION PLANS**

Are emergency contact numbers posted by phones? Y    N

Are employees made aware of procedures to follow in an emergency? Y    N

Emergency Contacts: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Are local emergency services numbers posted by phones (Fire Dept., etc.)? Y    N

List Local Fire Dept.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Normal stock water supplies: \_\_\_\_\_

Emergency stock water supplies: \_\_\_\_\_

Emergency water supply phone number: \_\_\_\_\_

Normal power sources: \_\_\_\_\_

Emergency power supplies: \_\_\_\_\_

Emergency power supply phone number: \_\_\_\_\_

Veterinarian name: \_\_\_\_\_

Veterinarian phone number: \_\_\_\_\_

**10) RECORDS**

*All animal health records must be retained for at least 1 year.*

The following information must be available either by using management software, or by using HFAC forms (available for download at [www.certifiedhumane.org](http://www.certifiedhumane.org)) :

Are records available?

Animal deaths and causes	Y	N
Culling rate (herd) and reasons	Y	N
Medication records (reason for Rx, drug used, withdrawal dates)	Y	N
Movement records (bought, sold) w/ quarantine records	Y	N
Record of feedstuff used (see Section 2 Herd Nutrition Plan)	Y	N
Equipment and maintenance checks	Y	N
Staff Training	Y	N
Record of stocking rates and pen/pasture sizes	Y	N
Production data (fertility, lactation data)	Y	N
Record of actions taken on complaints about the operation's compliance with HFAC standards (ISO §15)	Y	N

**11) STOCKPERSON COMPETENCY TRAINING**

*LIST PERSONNEL WHO PERFORM ROUTINE MANAGEMENT PROCEDURES*

**Disbudding/dehorning**

Method used: \_\_\_\_\_

**Employee**

**Trained By**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Castration**

Method used: \_\_\_\_\_

**Employee**

**Trained By**

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**Administration of Injections**

**Employee**

**Type of Training**

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**Animal husbandry or animal handling**

**Employee**

**Type of Training**

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**Milking**

**Employee**

**Type of Training**

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**PRODUCER AGREEMENTS**

I/we \_\_\_\_\_, the duly authorized representative(s) of the operation described in this application, hereby affirm that all information supplied in this document and any attachments is true and accurate.

I affirm that I have read and understood the Humane Farm Animal Care (HFAC) standards applicable to my operation. I affirm my commitment to abide the HFAC certification polices, procedures and standards (§8.2.1.b.). No prohibited products or practices have been used, applied, or otherwise allowed to compromise the integrity of the products sold by me. I understand that failure to comply with the standards or giving false information may result in revocation of the certification of my operation.

I understand that the operation will be inspected annually and may also be subject to unannounced inspection and/or sampling for residues at any time. If the operation is a member of a Producer Group, I understand that the Internal Control System of the Producer Group will inspect the operation at least annually and that Humane Farm Animal Care may also conduct inspections of the operation. I agree to

report any significant changes to the Farm Questionnaire to HFAC and to supply any information needed for evaluation of products to be certified (§8.2.1.b.).

I understand that submission of this application does not guarantee or imply certification. I give permission for HFAC, staff, committee members or field inspectors to visit my farm and examine fields, buildings, animals, files, documents and records, including but not limited to financial data and tax returns. I understand and agree that no HFAC staff member, board member, committee member, inspector, consultant, subcontractor, or volunteer shall be held liable or responsible for any amount in excess of the certification fees paid. I give my permission for HFAC to use subcontractors to perform tasks related to the process of certification (ISO §4.4.c.).

I give permission for HFAC to release information from my file to other recognized certification organizations for purposes of document review. I understand that HFAC will obtain confidentiality statement from the requesting certifier before releasing any information.

All information provided in this application will be held in strict confidence and will be used by the inspector, office staff and certification committee members for certification purposes only. The above individuals have disclosed potential conflicts of interest and are bound by confidentiality agreements. HFAC has my permission to obtain information, documents, or materials related to certification, suspension of certification, or revocation of certification from other certifiers.

\_\_\_\_\_  
*Signature Authorized Representative of the Producer (ISO §8.2.1)*

\_\_\_\_\_  
*Date*

**PLEASE ENSURE THAT A DAIRY (or Livestock, if applicable)  
PROCESSOR INFORMATION FORM IS COMPLETED, SIGNED AND  
SUBMITTED WITH THIS APPLICATION. FAILURE TO PROVIDE  
THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR  
INSPECTION.**

# Application Instructions

Please complete and return the following to Humane Farm Animal Care, PO Box 727, Herndon, VA. 20172 :

1. Application
2. Processor Information
3. Processing Fee of \$75.00

Completion of the Application provides HFAC with the following information:

1. **Animal Health Plan** (this should be regularly reviewed in conjunction with a veterinarian.
2. **Bio-security Policy** (to limit the introduction and/or spread of disease onto and within the production unit.
3. **Nutrition Plan:** Covers all stages of production. What is fed and to which group. In conjunction with regular body condition scoring/weighting to monitor outcome of nutritional management. Safe, hygienic storage of all foodstuffs, the potential to trace back to source.
4. **Casualty Stock Management Policy:** to safeguard the welfare of any sick or injured animal requiring humane destruction on-farm and to protect the health interests of the consuming public. Detailed guidelines are available as follows: Practical Euthanasia of Cattle – American Association of Bovine Practitioners; The Emergency Euthanasia of Sheep and Goats – California Department of Food and Agriculture and Veterinary Medicine Extension, U.C. Davis; On Farm Euthanasia of Swine – Options for the Producer – National Pork Producers and the American Association of Swine Practitioners; Euthanasia of Poultry – UC Davis Center for Animal Welfare. It is recommended that farm casualty policy adopt the relevant guidelines.
5. **Disposal of Fallen Stock Policy:** to ensure the safe, hygienic and legal disposal of animal carcasses. The plan must cover stock dying as a result of natural causes or following on-farm casualty slaughter, and includes fetal material. It must be done in such a way as to not endanger other livestock or humans; such material must not be accessible to dogs and predators. The method must encourage rapid decomposition and destruction of infectious agents and not result in fly or odor nuisance: A number of options are available:
  - a. Disposal off farm via dead hauler, rendering company, licensed landfill site, licensed incinerator.
  - b. On farm burial or composting, if legal.
6. **Cleaning and Disinfection Policy:** cleaning and disinfection routines, including chemicals used to assist in the reduction of transmission of infectious agents. This plan must be an integral part of the Bio-Security Policy. The plan should consider:
  - a. Building and equipment;
  - b. Livestock, people, pests and moveable equipment;
  - c. Feed and water.

7. **Pest Control Policy:** Manage levels of potentially harmful vermin and pests (rodents, birds and flies) in order to keep to a minimum and avoid the risk of disease spreading to humans and animals, damage to buildings and services, and contamination and spoilage of feed.
8. **Farm Waste Management Policy:** Waste materials must be removed from animals accommodation on a regular basis and disposed of properly. Waste materials of any nature must not be a risk to animal health or compromise the control of pets and vermin. The plan will also include the management of clinical and pharmaceutical waste.
9. **Emergency Action Plan:** Instructions to staff in the case of fire, flood, freeze or drought. Provision of references for emergency services. Emergency water and feed supplies and necessary equipment.
10. **Stock-person Competency demonstrated,** and if possible validated, in husbandry methods (castration/disbudding, etc.) records of all staff with the responsibility for livestock, identifying livestock experience and any formal/informal training completed.
11. **Records:** Records periodically examined by vet/and or others (as an aid to management) provide the verification that objectives of the plan are being met or to prompt adjustments to the plans to ensure that objectives are realized in the future.

**You must be in the position to show the Certified Humane Inspector the following at his/her visit to the Unit:**

Death and reasons for –

Culling rates and reasons for (when known)

Medicine records including reason for use and withdrawal/safe sale date

Feed and feed ingredient records for previous year

Record of vital automatic equipment maintenance checks

List of routine farm maintenance checks

Training and/or experience of all staff involved in the livestock enterprises

Demonstrate safe, hygienic, well-maintained buildings/environment, handling equipment and automatic equipment.