



**TODAY'S DATE:**  
\_\_\_\_\_

**Certificate EXPIRATION DATE:** \_\_\_\_\_  
\*It is your responsibility to submit app at least 120 days before certificate expires.

## APPLICATION FOR CERTIFICATION OF GOAT OPERATIONS

### GENERAL INFORMATION

PRODUCER NAME:		
FARM NAME:		
FARM ADDRESS:		MAILING ADDRESS:
COUNTY:		
ORGANIZATIONAL STRUCTURE	<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:	WEB ADDRESS/WEBSITE:	MOBILE NO:
FAX NO:		E-MAIL:
OTHER CONTACT NAME:	TELEPHONE NO:	EMAIL:
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):						Are haulers trained in emergency care?    YES    NO	
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 (circle one)

**Name:**

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

**Name:**

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

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 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	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. 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.

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 released to the process of certification.

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 purposed 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*

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

**ALL ATTACHMENTS, INCLUDING DIAGRAM AND UNIVERSAL APPLICATION, ARE REQUIRED WITH SUBMISSION OF APPLICATION. FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR INSPECTION.**

# Application Instructions

1. **Complete** both the **Universal Application** and the attached **Application**.
  - a. *Applications are to be completed in their ENTIRETY.*
2. **Submit** the two **applications**
3. **Submit a diagram** of the facilities on a separate piece of paper that includes:
  - i. Dimensions of each building
  - ii. Equipment used (feeders, drinkers, etc.)
  - iii. Target air quality/temperature parameters
  - iv. Information about outdoor access, if applicable to your operation
4. **Submit** the Application Fee of \$75.00 to Humane Farm Animal Care.
  - a. [email the application fee]
  - b. Mail to Humane Farm Animal Care, P.O. Box 82, Middleburg, VA 20118

*Completion of the Application provides HFAC an overview of your facility and management, so it is important that you do your best to **fill out the entire application**. A thoroughly completed application will:*

1. **Avoid delays** in your certification.
2. **Reduce** the amount of time taken to conduct an **inspection**.

## **BEFORE YOU PROCEED**

**At the inspection, you must be prepared to show the HFAC Inspector the following at his/her visit to the Unit:**

- Death/mortality records and reasons for mortality (when known)
- Culling records and reasons for culling
- Medicine records retained for 1 year (including reason for use, drug used, and withdrawal/safe sale date)
- Stocking rates
- Feed and feed ingredient records for previous year
- Movement records (bought and sold dates)
- Production data
- 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.
- Emergency contacts
- Record of actions taken on complaints about the operation's compliance with HFAC standards