

Animal Welfare Rating Standards Pilot Program

Application: DAIRIES SUPPLYING KIDS TO MEAT GOAT OPERATIONS



Please fill in this 4-page application as completely and accurately as possible. Incomplete applications will be returned and delay audit scheduling.

Answers should reflect what your operation is currently doing.

OPERATION CONTACT INFO:			
Name of Operation			
Contact Person(s)			
Position(s)			
Mailing Address <small>(street, city, state/ province, zip/postal, country)</small>			
Contact Information	Email	Tel	
Preferred Method of Contact	<input type="checkbox"/> Tel		<input type="checkbox"/> Email
Name of supplier/producer group/coop/marketing arm that the operation is affiliated with, if any.			

CURRENT AND PAST CERTIFICATES:							
Does the operation hold a <u>current</u> GAP certificate?	<input type="checkbox"/>	<input type="checkbox"/>	If YES	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
	YES	NO		Certificate #	Expires on		
				Step rating			
Has the operation ever held a GAP certificate in the past?	<input type="checkbox"/>	<input type="checkbox"/>	If YES	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
	YES	NO		Certificate #			
				Step rating			
Has the operation ever had a GAP audit where it wasn't certified?	<input type="checkbox"/>	<input type="checkbox"/>	If YES	Conducted by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
	YES	NO		Date of audit			
				Reason for no certification:			

APPLICATION SUBMITTED BY:			
<input type="checkbox"/> the Operation. <i>Please go to Signature section.</i>			
<input type="checkbox"/> a Designated Representative (affiliated with a supplier). <i>If so, please complete the following, then go to Signature section.</i>			
Contact Person(s)			
Position(s)			
Contact Information	Email	Tel	
Preferred Method of Contact	<input type="checkbox"/> Tel		<input type="checkbox"/> Email

OPERATION or DESIGNATED REPRESENTATIVE'S SIGNATURE:

You represent and acknowledge that all information on this 8-page application herein is accurate. Regardless of who signs this document, the owner of the operation is responsible for accuracy and content of this application.

Printed Name			
Signature*:		Date:	

* If the applicant uses the signature wizard on this fillable form, please use a digital image of your signature to 'sign' the document.

GENERAL OPERATION INFORMATION:								
How many dairy does do you have?								
How many kids do you expect to market to GAP Meat Goat operations this year?								
What breed(s) of goats do you raise?								
Site	Physical Address	City	State / Province	Zip / Postal	Country	Size (acres)	# of Months In Use Each Year	Distance from Site 1 (miles)
1*								
2								
3								
4								

* Site 1 is home ranch / main site

For each of the following questions, please answer by checking the appropriate box.
Your answers should reflect your operation's current situation or practice.

A) GENERAL			YES	NO
1	Has the operation's owner or farm manager read GAP's Animal Welfare Rating Standards Pilot Standards for Kids Sourced from Dairy Goat Operations?			
2	Does the dairy hold any other certifications that conflict with the Kids Sourced from Dairy Goat standards and requirements?			
	If YES	Please describe:		
3	Are there any laws or regulations (local, state, provincial, federal) that prohibit adherence to any of the 5-Step standards?			
	If YES	Please provide the Standard number and additional details:		

B) ANIMAL HEALTH			YES	NO
DOES THE OPERATION:			YES	NO
4	Ever feed kids a supplement, pre-mixed feed, or mineral product containing antibiotics, ionophores, beta agonists or sulfa drugs? <i>Please review feed ingredients before answering.</i>			
5	Ever use antibiotics, ionophores, beta agonists or sulfa drugs to treat kids?			
	If YES	What percentage (%) of kids have been treated?		
		How are treated animals identified? <i>Check all that apply:</i> <input type="checkbox"/> ear notch <input type="checkbox"/> ear tag <input type="checkbox"/> segregated <input type="checkbox"/> other		
		If OTHER , please explain:		
		How/where are treated animals marketed?		
6	Have records to identify animals treated with antibiotics, ionophores, beta agonists, or sulfa drugs?			

C) EUTHANASIA		
7	Use the following method(s) to euthanize goats (<i>check all that apply</i>):	
	<input type="checkbox"/> firearm <input type="checkbox"/> knife <input type="checkbox"/> barbiturates <input type="checkbox"/> captive bolt gun (penetrating or non-penetrating) <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____	

D) ANIMAL CARE AND MANAGEMENT			
DOES THE OPERATION:		YES	NO
8	Observe goats at least (<i>check all that apply</i>):		
	<input type="checkbox"/> twice a day (or more) <input type="checkbox"/> once a day <input type="checkbox"/> every 2 days <input type="checkbox"/> once a week <input type="checkbox"/> other: _____		
9	Use the following to move/handle goats (<i>check all that apply</i>):		
	<input type="checkbox"/> sorting sticks/shepherd's hooks <input type="checkbox"/> paddles/flags <input type="checkbox"/> flight zone/point of balance <input type="checkbox"/> stock/herding dogs <input type="checkbox"/> electric prod <input type="checkbox"/> other: _____		
10	Castrate buck kids?		
11	De-wattle animals?		
12	De-scent buck kids?		
13	Disbud animals?		
14	Ear notch animals?		

E) KID MANAGEMENT		
15	How soon after birth are kids checked to ensure they have had colostrum OR are artificially fed colostrum (hours)?	
16	How often artificially reared kids fed per day?	<input type="checkbox"/> once <input type="checkbox"/> twice <input type="checkbox"/> three or more
17	How are artificially reared kids managed?	<input type="checkbox"/> in individual pens <input type="checkbox"/> in groups
18	How are kids identified? (<i>please check all that apply</i>)	<input type="checkbox"/> ear tags <input type="checkbox"/> RFID/EID <input type="checkbox"/> ear notch <input type="checkbox"/> lot tag <input type="checkbox"/> No ID <input type="checkbox"/> other: _____
19	What is the typical pre-weaning kid mortality?	<input type="checkbox"/> 5% or less <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-15% <input type="checkbox"/> 16+%

DOES THE OPERATION:		YES	NO
20	Ever feed kids milk replacer that contains mammalian, avian or fish by-products? <i>Please review feed ingredients before answering.</i>		

F) TRANSPORT AND LOADING				
DOES THE OPERATION:			YES	NO
21	How old are kids when they are transferred to the GAP meat goat operation (days)?			
22	Provide goats with access to water until loading begins?			
23	Provide bedding during transport?			
24	Are kids ever transported in crates?			
	If YES How big are the crates? _____ x _____ x _____ <input type="checkbox"/> inches <input type="checkbox"/> cm			

25	Who transports goats? <i>Check all that apply</i>	Contact Name Information	
	<input type="checkbox"/> SELF <input type="checkbox"/> transport company <input type="checkbox"/> producer group <input type="checkbox"/> other	Name & Tel:	
	Name & Tel:		

26	Does the operation (or supplier group) keep the following transport records? <i>Check all that apply:</i>	
	<input type="checkbox"/> date of transport <input type="checkbox"/> number of kids <input type="checkbox"/> certificate number <input type="checkbox"/> certificate expiry <input type="checkbox"/> I don't have transport records	

G) SHIPPING TO			
27	Which GAP Meat Goat operations are kids normally transported to after leaving your operation?		
	Please provide details of next destination: <i>Please continue on a separate sheet if necessary and submit with this application</i>		
If YES	Name & Tel:	Time to destination (hours):	
	Name & Tel:	Time to destination (hours):	
	<input type="checkbox"/> not sure yet		

Please submit this completed application to your preferred GAP-accredited certification company for review.