

5-Step® Animal Welfare Rating Standards Pilot Program

Application: MEAT GOATS



Please fill in this 9-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 (street, city, state/ province, zip/postal, country)			
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> Step 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 Step certificate in the <u>past</u>?	<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 5-Step 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 outcome:			

APPLICATION SUBMITTED BY:

- the Operation. *Please go to Signature section.*
- a Designated Representative (affiliated with a supplier). *If so, please complete the following, then go to Signature section.*

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 9-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:

What type of operation do you have?

- doe-kid only** (has breeding herd and sells weaned kids to another operation)
- doe-kid-finisher** (raises animals from birth to slaughter; may also sell some weaned kids to another operation; and may also buy in animals and raise to slaughter)
- feeder operation** (buys in weaned kids raises to slaughter)
- other** (please describe):

What breed(s) of goats do you raise?

Does

Bucks

Site	Physical Address	City	State / Province	Zip / Postal	Country	Size (acres)	# of Months Goats Use Site Each Year	Distance from Site 1 (miles)
1*								
2								
3								
4								

*Site 1 is home ranch / main site

NUMBER OF ANIMALS ON ENTIRE OPERATION

Please complete the following based on total number of animals of each category that are on-site at the time of application:

Site	# of Bucks	# of Does	# of Kids (unweaned)	# of Market Animals (weaned kids, feeders, or finishers)	# of Replacement Does
1*					
2					
3					
4					

Will all goats be raised according to the 5-Step standards? For example, a feeder operation may have multiple programs with Step-rated and non-Step-rated animals, this would be considered a split operation so the answer for this operation would be 'no'.

YES

NO

What number of animals do you expect to market as Step-rated this year?

WHAT STEP-RATING ARE YOU AIMING TO ACHIEVE?

<input type="checkbox"/> Step 1	no crowding	Goats typically live on range and may be removed for finishing. <i>There is no Step 2 for goats.</i> <i>There is no Step 3 for goats.</i>
<input type="checkbox"/> Step 4	pasture centered	Goats live on range throughout their life. If goats have to be temporarily removed from range to protect their welfare, special provisions are made for their care. The use of feedlots, or finishing lots is prohibited.
<input type="checkbox"/> Step 5	animal centered: no physical alterations	Goats live continuously on range for their entire life. Physical alterations, such as castration and ear notching are not permitted.
<input type="checkbox"/> Step 5+	animal centered: entire life on same farm	Goats spend their entire lives on range at a single farm, and are processed at a mobile or on-farm slaughter facility.

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 the 5-Step Animal Welfare Rating Standards Pilot Program for Meat Goats?		
2	Does the operation hold any other certifications that conflict with the 5-Step 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) FEED AND WATER		YES	NO
DOES THE OPERATION:			
4	Provide access to drinking water at all times?		
5	Provide access to grazing, hay, haylage, silage, straw or corn stover at all times?		
6	Use any mammal, avian or fish by-products or waste in feed, supplements or mineral blocks?		

C) ANIMAL HEALTH		YES	NO
DOES THE OPERATION:			
7	To the best of your knowledge, use genetically modified or cloned goats?		
8	Ever use artificial insemination (AI) to breed goats? If YES Which type(s) of AI are used? <i>Check all that apply:</i> <input type="checkbox"/> laparoscopic (surgical) <input type="checkbox"/> vaginal <input type="checkbox"/> cervical		
9	Ever feed a supplement, pre-mixed feed, or mineral product containing antibiotics, ionophores, beta agonists or sulfa drugs? <i>Please review feed ingredients before answering.</i>		

10	Ever use antibiotics, ionophores, beta agonists or sulfa drugs to treat market animals? If YES What percentage (%) of the market animals in the herd 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?		
11	Have records to identify animals treated with antibiotics, ionophores, beta agonists, or sulfa drugs?		
12	Have protocols to follow when lame animals are seen?		
13	Ever use organophosphates (an active ingredient in many commercially available fly and parasite control compounds that could be applied topically as a dust, rub, spray, ear tag, or mineral block)?		
14	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:				
15	Observe the breeding herd at least <i>(check all that apply)</i> : <input type="checkbox"/> once a day <input type="checkbox"/> every 2 days <input type="checkbox"/> once a week <input type="checkbox"/> once every 2 weeks <input type="checkbox"/> other: _____ <input type="checkbox"/> I do not have a breeding herd			
16	Observe market animals at least <i>(check all that apply)</i> : <input type="checkbox"/> once a day <input type="checkbox"/> every 2 days <input type="checkbox"/> once a week <input type="checkbox"/> once every 2 weeks <input type="checkbox"/> other: _____ <input type="checkbox"/> I do not keep weaned kids or other market animals			
17	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: _____			
DOES THE OPERATION:			YES	NO
18	Castrate buck kids? <input type="checkbox"/> N/A – I only have a feedlot/finisher operation			
If YES	Average age for castrating kids (days)			
	What is the method used?	<input type="checkbox"/> rubber ring <input type="checkbox"/> scalpel <input type="checkbox"/> bloodless clamp <input type="checkbox"/> other: _____		
	Who performs it?	<input type="checkbox"/> farm personnel <input type="checkbox"/> veterinarian <input type="checkbox"/> other: _____		
	Is anesthetic used? (e.g. lidocaine)			
	Is analgesic used? (e.g. xylazine)			
	19	Disbud animals?		
If YES	Average age for disbudding kids (days)			
	Maximum age for disbudding kids (days)			
	What is the method used?	<input type="checkbox"/> caustic paste <input type="checkbox"/> scoop disbudder <input type="checkbox"/> hot iron <input type="checkbox"/> knife/razor <input type="checkbox"/> other: _____		
	Who performs it?	<input type="checkbox"/> farm personnel <input type="checkbox"/> veterinarian <input type="checkbox"/> other: _____		
	Is anesthetic used? (e.g. lidocaine)			
	Is analgesic used? (e.g. xylazine)			

D) ANIMAL CARE AND MANAGEMENT <i>Continued</i>					
DOES THE OPERATION:				YES	NO
20	Dehorn animals?				
21	Tip* the horns of animals? (*remove insensitive horn tip, the portion of horn with no nerves or blood supply)				
22	De-wattle animals?				
23	De-scent buck kids?				
24	Ear notch or ear split animals?				
If <u>YES</u>	What is the method used?	<input type="checkbox"/> notching tool <input type="checkbox"/> scalpel <input type="checkbox"/> other: _____			
	What area of the ear is removed by notching?	_____ %			
25	How are breeding animals identified? (please check all that apply)	<input type="checkbox"/> plastic dangle tags <input type="checkbox"/> RFID/EID <input type="checkbox"/> ear notch <input type="checkbox"/> not identified <input type="checkbox"/> other: _____			
26	How are market animals identified? (please check all that apply)	<input type="checkbox"/> ear tags <input type="checkbox"/> RFID/EID <input type="checkbox"/> ear notch <input type="checkbox"/> lot tag <input type="checkbox"/> other: _____			
27	What is the typical breeding herd mortality?	<input type="checkbox"/> 1% or less <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5+% <input type="checkbox"/> N/A I do not have a breeding herd			
28	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+% <input type="checkbox"/> N/A I do not have a breeding herd			
29	What is the typical post-weaning market animal mortality?	<input type="checkbox"/> 1% or less <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5+% <input type="checkbox"/> N/A I do not keep weaned kids			
30	What is the typical lameness level in the herd?	<input type="checkbox"/> 1% or less <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5+%			
E) THE KID CROP					
Please answer the following questions considering kids that were reared by does – not artificially reared kids				<input type="checkbox"/> N/A - I do not have a breeding herd Please go to Q34	
31	What was the most recent kidding window(s)? <i>e.g. 15 Jan to 15 Mar</i>	Start		End	
	What was the weaning date(s) or expected weaning date? <i>e.g. 20 June</i>				
	What is the average age for weaning kids (in weeks)?				
	Total # of kids weaned in last kid crop:				
	Total # of kids weaned younger than 8 weeks of age in last kid crop:				
				YES	NO
32	Are weaning pens* used? (*indoor or outdoor pens where kids are held at weaning)				
If <u>YES</u>	How long are kids kept in weaning pens (days)?				
Please answer the following question considering kids that were artificially reared				<input type="checkbox"/> N/A - I do not artificially rear kids Please go to Q34	
33	What is the average age for weaning artificially reared kids (in weeks)?				

F) ARTIFICIALLY REARED KIDS		<input type="checkbox"/> N/A - I do not bring in kids from dairy herds <i>Please go to Q35</i>	
DOES THE OPERATION:		YES	NO
34	Source kids from dairy herds to raise for meat?		
If <u>YES</u>	How often are kids from dairy herds fed per day?	<input type="checkbox"/> once <input type="checkbox"/> twice <input type="checkbox"/> three or more	
	How are kids from dairy herds managed?	<input type="checkbox"/> in individual pens <input type="checkbox"/> in groups	

G) LIVING ENVIRONMENT		YES	NO
35	Provide shelter* for all animals? (*includes trees, bushes, shade cloths, and/or shade from a structure, mountains, hills, etc.)		

FOR OPERATIONS THAT UTILIZE HOUSING		<input type="checkbox"/> N/A - I do not use housing <i>Please go to Q42</i>	
<i>For pen sizes please continue on a separate sheet if necessary.</i>			
36	How big are the pens in housing?	Pen size 1 _____ <input checked="" type="checkbox"/> ft <input type="checkbox"/> m Number of pens this size _____ Pen size 2 _____ <input checked="" type="checkbox"/> ft <input type="checkbox"/> m Number of pens this size _____ Pen size 3 _____ <input checked="" type="checkbox"/> ft <input type="checkbox"/> m Number of pens this size _____	
37	How many animals are kept in each pen? Pen size 1 _____ Pen size 2 _____ Pen size 3 _____		

DOES THE OPERATION:		YES	NO
38	Is bedding provided in each pen?		

39	Is any part of the floor slatted?		
If <u>YES</u>	What is the percentage of slatted flooring of the total floor area?	<input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30+%	

40	Do goats have access to the outdoors when they are housed?		
If <u>YES</u>	How big are the outdoor areas/pens?	Pen size 1 _____ <input checked="" type="checkbox"/> ft <input type="checkbox"/> m Number of pens this size _____ Pen size 2 _____ <input checked="" type="checkbox"/> ft <input type="checkbox"/> m Number of pens this size _____ Pen size 3 _____ <input checked="" type="checkbox"/> ft <input type="checkbox"/> m Number of pens this size _____	
	How many animals use each outdoor area? Pen size 1 _____ Pen size 2 _____ Pen size 3 _____		

41	Are enrichments provided in housing when goats are removed from range?		
If <u>YES</u>	What kind of enrichments are used?	<input type="checkbox"/> tree stumps <input type="checkbox"/> bales of hay or straw <input type="checkbox"/> wooden spools <input type="checkbox"/> tree branches <input type="checkbox"/> hanging brassicas <input type="checkbox"/> earth mounds <input type="checkbox"/> footballs or other toys <input type="checkbox"/> other: _____	

H) MONTHS OF THE YEAR EACH ANIMAL GROUP HAS RANGE ACCESS														
42	doe herd (including unweaned kids)													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
43	breeding bucks													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
44	weaned kids/market animals													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
45	replacement stock													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

I) FEEDLOT DETAILS <i>defined as a pen used to grow and finish market animals (dry lots, feedlots, finishing pens).</i>		<input type="checkbox"/> N/A - I do not use feedlots <i>Please go to Q48</i>
46	How much space is given per animal? <i>e.g. 55 ft² per animal. If it varies then please indicate the range.</i>	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²
47	What is the maximum time an individual animal would be in a pen for finishing?	days

J) PREDATOR CONTROL					
DOES THE OPERATION:			YES	NO	
48	Consider predators a problem?				
	If YES	Which predators are a problem? <i>(please check all that apply)</i>	<input type="checkbox"/> coyotes <input type="checkbox"/> wolves <input type="checkbox"/> bears <input type="checkbox"/> buzzards <input type="checkbox"/> other: _____	<input type="checkbox"/> mountain lions/cougars <input type="checkbox"/> bobcats <input type="checkbox"/> alligators <input type="checkbox"/> domestic/feral dogs	
If YES	Does the operation, or contractors working with their permission, ever use the following to control predators? <i>(please check all that apply)</i>	<input type="checkbox"/> firearm <input type="checkbox"/> leg-hold traps <input type="checkbox"/> neck snares <input type="checkbox"/> poisons <input type="checkbox"/> other: _____	<input type="checkbox"/> live traps <input type="checkbox"/> egg traps <input type="checkbox"/> conibear traps <input type="checkbox"/> drowning traps		

K) TRANSPORT AND LOADING					
DOES THE OPERATION:			YES	NO	
49	Provide goats with access to water until loading begins?				
50	Ever use electric prods to load/unload goats?				
51	Use a trailer with access doors or points for the driver to access an animal if necessary?				

52	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"/> processing plant <input type="checkbox"/> goats are not transported	Name & Tel:		
		Name & Tel:		

K) TRANSPORT AND LOADING <i>Continued</i>			
DOES THE OPERATION:		YES	NO
53	Are there written procedures for the driver to follow in the case of accident or emergency during transport?		
54	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 goats <input type="checkbox"/> loading start and end times <input type="checkbox"/> departure and arrival times <input type="checkbox"/> reasons for any stops or delays en route <input type="checkbox"/> DOAs <input type="checkbox"/> I don't have transport records		

L) SOURCING			
DOES THE OPERATION:		YES	NO
55	Have records for all goats purchased?		
56	Source animals (breeding or market animals) from other operations?		
If <u>YES</u>	Do you source animals from video auctions?	<input type="checkbox"/> YES If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		Please provide name(s) of the video auction used to purchase animals that are on the farm today:	
		Name:	
		Name:	
	Do you source animals from dedicated goat sales?	<input type="checkbox"/> YES If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		Please provide name(s) of the dedicated goat sale used to purchase animals that are on the farm today:	
		Name:	
		Name:	
	Do you source animals from sale barns/ yards?	<input type="checkbox"/> YES If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		Please provide name(s) of the sale barn/yard used to purchase animals that are on the farm today:	
		Name:	
		Name:	
	Did you source from a direct farm sale?	<input type="checkbox"/> YES If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		Please provide name(s) of all the farms that supplied animals that are on the farm today:	
		Name:	
		Name:	

DOES THE OPERATION:			
If <u>YES</u>	Do you source kids from dairy goat farms?	<input type="checkbox"/> YES If YES, please note the age of the kids when transported to your farm _____ (hours)	
		If YES, is the dairy GAP Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
		Please provide name(s) of all the farms that supplied animals that are on the farm today:	
		Name:	
Name:			

M) SHIPPING TO				
57	Where are goats normally transported to after leaving your operation? <i>(Check all that apply)</i>			
If <u>YES</u>	Goats ship to...	Please provide details of next destination: <i>Please continue on a separate sheet if necessary and submit with this application</i>		
	<input type="checkbox"/> another operation	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> dedicated goat sale	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> collection point	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> sale barn/yard	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> other: _____	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> directly to slaughter plant	<i>please provide further information in Q58 & 59</i>		
	<input type="checkbox"/> not sure yet			
	<input type="checkbox"/> goats are not transported			

N) PLANS AND PROTOCOLS				
DOES THE OPERATION:			YES	NO
58	Have a written farm plan (e.g. protocols, policies, SOPs, farm manual, emergency procedures)?			

O) SLAUGHTER REQUIREMENTS							☐ N/A - I only have a breeder herd
<i>Note: if your operation does not deal directly with the plant, check with your producer group/co-op/marketing entity.</i>							
59	What is the transport time from your operation to the plant (in hours)?						
60	Plant Information					Est #	Do they hold a current 3 rd party animal welfare certificate?
	name of plant		address		tel		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

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