INDIVIDUAL GOAT RECORD (circle one) **Doe** **Wether** **Buck**

Name / Identification: ______________________ Breed: ______________ Scrapie ID: __________ Herd ID: __________

Date of Birth: __________ Registration #: __________ Tattoo: ______________

Sire

Name: __________ Grand Sire

Breed: __________

Type of Birth: Grand Dam

Type of Birth: Single Twin Triplet Other ______ Type Rearing: Single Twin Triplet

Dam raised Bottle/bucket raised

Dam

Name: __________ Grand Sire

Breed: __________

Type of Birth: Grand Dam

Description: ______________________

Coloring: ______________________

Ears: Pendulous Upright Other ______ Horns: Disbudded Polled Horned

Adjusted Weights: ______ 60 days ______ 90 days ______ 120 days Yearling Weight: ______ Other Weight: ______

Breeder: ______________________ Date Acquired: ______ Date Sold: ______

Premise ID ______

Production Record: (use one line for each kid)

Identification Tag	ID Tag / Tattoo	Date of Birth	Days of Gestation	Sire	Birth Weight	Sex	Type of Birth (single, twin, triplet)	Type of Rearing (sgl, twin, triplet)	Dam or Bucket or Bottle Raised	Date Weaned	Days of Age at Weaning	Wean Weight	Remarks / Notes

Health Management Record:
(disbudding, vaccinations, deworming, castration, etc.)

List dose, serial #, withdrawal time for meds.

Date	Condition or Diagnosis	Treatment

Notes / Remarks:
(bad udder, mothering, aborted, kidding notes, health notes, etc.)

Continue to a 2nd page when needed.

WASHINGTON STATE UNIVERSITY

Central Washington Animal Agriculture Team

Fact Sheet 1001-2009

Individual Goat Record

Patti Gylling, 4-H Goat Leader
Dr. Susan Kerr, DVM, Klickitat County Director
Sarah M. Smith, Grant/Adams Animal Science Educator

Issued by Washington State University Extension and the U.S. Department of Agriculture in furtherance of the Acts of May 8 and June 30, 1914. Cooperative Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental, or sensory disability; marital status, sexual orientation, and status as a Vietnam era or disabled veteran. Evidence of noncompliance may be reported through your local Cooperative Extension office. Trade names have been used to simplify information; no endorsement in intended. Published March 2009.