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| A close up of a logo  Description automatically generated | Flock Health and Welfare Plan Template |

*Corresponds with AW3.2*

**Introduction**

The complexity of a flock health and welfare plan will differ depending on the flock size and circumstances.

All Flock Health and Welfare Plans shall be:

* Based on each flock’s individual requirements
* Developed with appropriate veterinary and technical advice.
* Regularly reviewed and updated

The use of this template is not compulsory but can be used to provide a basic structure if there is not already a plan in place. A Management Plan is also available from the South Africa Mohair Growers: <https://www.angoras.co.za/page/angora-goat-management-plan>

|  |  |
| --- | --- |
| **Date of Plan** |  |
| **Farmer Name** |  |
| **Farm Name** |  |
| **Size of farm [acres/ha]** |  |
| **Veterinary Practice Details** |  |
| **Plan completed by:** | Name:Position | Signature: Date: |

**1. Flock details**

*1.1 Flock details*

|  |  |
| --- | --- |
| **Breed(s)** |  |
| **Number of breeding does** |  |
| **Number of breeding rams** |  |
| **Expected annual kidding %** |  |

*1.2 Describe your flock inspection schedule: who inspects the flocks, and how often.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Months when this is applicable to goat** | **Frequency of inspection** | **Person responsible** |
| **Housed** |  |  |  |
| **Pastured** |  |  |  |

**2. Disease Prevention, Management and Treatment**

*2.1 Planned disease prevention, parasite management and vaccination program.*

Provide details of your program below.

|  |  |  |  |
| --- | --- | --- | --- |
| **When** | **Type of animal**e.g. does/kids/ wethers/rams | **Issue**e.g. internal parasites / flies / clostridial disease | **Action**e.g. vaccinate with [product]/drench with [product] |
| **January** |  |  |  |
| **February** |  |  |  |
| **March** |  |  |  |
| **April** |  |  |  |
| **May** |  |  |  |
| **June** |  |  |  |
| **July** |  |  |  |
| **August** |  |  |  |
| **September** |  |  |  |
| **October** |  |  |  |
| **November** |  |  |  |
| **December** |  |  |  |

**3. Animal Husbandry Procedures**

*3.1 Castration*

If castration is carried out, describe the approach including details of rationale, method, age and pain relief. If pain relief is not provided provide a rationale for this.

|  |  |
| --- | --- |
| **Reason for castrating kids** |  |
| **Method(s) used** |  |
| **Age(s)** |  |
| **Pain relief measures** |  |
| **Reason if pain relief is not used** |  |

**4. Breeding Management and Kidding**

*4.1 Breeding management*

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| --- |
| **What are the qualities that you are selecting for in your breeding strategy?** Example: conformation, mohair type, birth rates, meat quality etc. |
| *e.g. we select for good leg/foot health and bare breech. All our new rams are facial eczema-tolerant* |

*4.2 Breeding procedures*

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| --- |
| **a.) Do you use laparoscopic artificial insemination? If yes, please indicate why this is used, who carries out the procedure, and provide details of pain relief.** |
| *e.g. the top 10% of flock are annually bred using laparoscopic AI to introduce superior mohair traits. The vet carries out the procedure. Does are sedated with ACP and given ketoprofen as an analgesic. Antiseptic spray is applied following the procedure and does are monitored carefully.* |
| **b.) Do you use electroejaculation? If yes, please indicate why this is carried out, who carries out the procedure, and provide details of pain relief.** |
| *e.g. we have a stud breeding operation and the vet carries out electroejaculation for fertility testing for all stud rams.*  |

*4.3 Kidding*

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| **Detail the plans for kidding including time of year and other factor to reduce mortality of does and kids** |
| *e.g. kidding is planned for the spring, when the weather is warmer and there is good grass growth to support the lactating does. We kid doe kids for the first time when they are two years old.* |

**5. Biosecurity Measures**

*Biosecurity*

Document the actions undertaken to manage or reduce the risk of disease from the following sources, and any others you have identified.

|  |  |
| --- | --- |
| **Potential sources of disease** | **Control Actions Taken** |
| **Incoming livestock** | *e.g. Only purchase from flocks with known health status. Put incoming stock in quarantine pen with no contact with existing flock for 28 days. Monitor for signs of disease* |
| **People** | *e.g. no visitors to the farm without prior appointment and record kept of visitors. Notices at farm entrance to inform delivery drivers to report to farm office.* |
| **Buildings** | *e.g. disinfectant foot dips outside each building* |
| **Equipment** | *e.g. foot trimming equipment cleaned and disinfected after use. Shearers ensure sanitized clippers brought onto farm* |
| **Other (please describe)** | *e.g. double fencing at farm boundaries so goat do not have nose to nose contact with neighbouring flocks.* |

**6. Health Issue Review and Action Plan**

The table below can be used to summarize the issues that have occurred through the year, treatments given, and any deaths/culls that may be attributable to a specific health problem. Carrying out this review will help identify whether certain health issues are increasing or decreasing from year to year.

| **Condition** | **Animals Treated** | **Mortalities** | **Comments** |
| --- | --- | --- | --- |
| **Died** | **Euthanized** | **Culled** |
| Lameness in Does |  |  |  |  |  |
| Metabolic disease |  |  |  |  |  |
| Clostridial disease |  |  |  |  |  |
| Viral disease |  |  |  |  |  |
| Bacterial disease |  |  |  |  |  |
| Plant poisoning |  |  |  |  |  |
| Parasites | Ticks |  |  |  |  |  |
| Flystrike |  |  |  |  |  |
| Fluke |  |  |  |  |  |
| Worms |  |  |  |  |  |
| Coccidiosis |  |  |  |  |  |
| Lice |  |  |  |  |  |
| Doe Specific | Abortion |  |  |  |  |  |
| Prolapse |  |  |  |  |  |
| Difficulty kidding |  |  |  |  |  |
| Barren |  |  |  |  |  |
| Mastitis |  |  |  |  |  |
| Other |  |  |  |  |  |
| Kids | Congenital defect |  |  |  |  |  |
| Starvation/ Exposure |  |  |  |  |  |
| Orf |  |  |  |  |  |
| Joint ill |  |  |  |  |  |
| Other |  |  |  |  |  |
| Predators |  |  |  |  |  |
| Other |  |  |  |  |  |
| Unknown |  |  |  |  |  |

**Action Plan**

Review records and collated data and identify key issues to address and actions to take.

| **Issue** | **Brief description** | **Actions already taken** | **Actions to be taken** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
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| 5 |  |  |  |

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| **Comment:** |