

Owner Information and Survey

Owner name:

Phone:

Mailing address:

Name of sample collector:

Number of goats sampled _____ Number of goats on premises _____
(Please list individual goat numbers/names on animal identification form)

Any current or recent (within last year) illnesses on the premises? YES / NO

If yes, please describe:

Any historic signs of "pinkeye" or respiratory illness in any of the goats sampled? YES / NO

If yes, please describe:

Any recent (within the last month) use of antibiotics in any of the goats sampled? YES / NO

If yes, please describe and include: when, why, and type of antibiotic/route of administration:

Do you use your packgoats on public lands? Proximity to bighorn sheep habitat, if known?

Any other information that you would like to provide:

