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Research and Extension

Kidding Resources for Beginning Goat Producers

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Table of Contents

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Kidding Supplies Checklist

General items

- ☐ Halter
- ☐ Marking crayon
- ☐ Disposable exam gloves
- ☐ Clean towels
- ☐ Sharps container
- ☐ Record keeping system
- ☐ Veterinarian contact information

Kid processing supplies

- ☐ Scissors
- ☐ Betadine or iodine
- ☐ Elastrator
- ☐ Elastrator bands
- ☐ Syringes (5 cc)
- ☐ Needles (18 ga × 1 inch)
- ☐ Ear tagger
- ☐ Ear tags

Veterinary supplies

- ☐ OB lube
- ☐ Betadine or iodine
- ☐ Thermometer
- ☐ Bandages
- ☐ Prolapse retainer
- ☐ OB snare
- ☐ Leg splint
- ☐ Nutri-drench

Milk/colostrum supplies

- ☐ Clean wide-mouth cups
- ☐ Esophageal tube
- ☐ 3 oz syringe
- ☐ Bottles or bucket system
- ☐ Stored colostrum
- ☐ Milk replacer

Introduction

Kidding is the birthing process for goats. It is the labor and delivery phase when the doe, a female goat, gives birth to her offspring, called kids. Kidding is crucial for the success of an operation. Months of work go into preparing matings and monitoring the nutrition of does. Just as much care should be placed on the time around kidding.

Each new generation results from careful genetic planning and investment, shaping the herd's future. During these critical periods, it is vital to recognize normal versus abnormal behaviors and physiological signs. It is also important to know when intervention is necessary to ensure the survival and health of newborn kids. This guide is a resource for goat producers navigating kidding season, offering practical advice on neonatal care.

Pre-Kidding Behaviors

Before kidding starts, familiarize yourself with the common behaviors of does during this time. While these behaviors serve as general guidelines, individual does may exhibit different signs. Take any unusual behavior for a doe nearing kidding seriously. First-time mothers are likely to show different signs compared to experienced does that have previously kidded. These signs include increased anxiety or restlessness. First-time does are more prone to complications, so they require closer monitoring to assess whether they need additional help.

Routine observation of these behaviors should be carried out during regular barn hours until the first kid arrives. Once kidding has begun, it's advisable to incorporate night checks into the schedule. Ideally, pregnant does should be checked every 3 to 4 hours; however, if you have experienced does that have not required assistance in the past, you might extend this to every 6 to 7 hours. If mature does are checked at midnight, and there are no signs of kidding behavior, it is typically not necessary to check again until 5 or 6 a.m.

Kidding behaviors

- Doe is separate from the rest of the herd and seems uncomfortable or restless.
- Nesting behaviors or appearing to stand, paw the ground, and lie down repeatedly.
- Reaching head back toward the stomach or pawing at the ground.
- Does that are grunting or have soft, short bleats and vocalizations.
- Excessive mucus discharge around the vulva.
- As kidding approaches, does may go off feed.

Determining When to Help with Kidding

One of the most common questions around kidding is when to step in and offer a doe assistance. It is important to remember that overhandling a doe during kidding can be detrimental and halt the labor process. Most does can deliver without assistance. Typically, delivery should occur within 30 to 45 minutes after a yellowish, fluid-filled water bag appears. Although it's possible to miss seeing the water bag, its appearance provides a clear time line for the normal kidding process. Assistance should only be offered if it seems that normal labor has stalled.

The most common causes of a difficult birth, known as dystocia, include multiple fetuses being delivered simultaneously or the fetus being too large relative to the doe. If you suspect that the kid is too large or notice incomplete dilation of the cervix, it is crucial to seek veterinary assistance immediately. Dystocia in ruminants is frequently associated with abortion. Many abortions are infectious and pose risks to humans. It is important to wash your hands thoroughly when assisting with dystocia, regardless of the cause. Individuals who are immunocompromised, pregnant, or young should avoid helping in these cases. If an abortion is suspected, any placenta or fetuses should be removed from the area and refrigerated for possible submission to a veterinarian.

When the producer should intervene

- If labor has been ongoing for more than 30 minutes after the appearance of the water bag without significant progress (i.e., no further appearance of the kid from the birth canal).
- If the doe appears to be suffering from maternal exhaustion and has given up or is completely spent of energy.
- Doe is straining with no sign of the water bag. This straining could be a problem, such as failure for the cervix to dilate, and can require a call to a veterinarian.
- Signs of malpresentation are apparent (i.e., a kid's back leg is present instead of the front leg).
- The kid's size appears too large for the doe trying to deliver.

Guidelines when the decision is made to assist

1. Consider placing the doe on a halter and moving to a smaller, quiet area.
   - Be careful not to chase or stress the doe to achieve this; moving the doe is not always necessary, so use your best judgment.
2. All manipulative procedures should follow the general principles of cleanliness and lubrication using clean hands, OB gloves, and proper lubricants.
3. Use patience, perseverance, and gentleness to palpate the doe, as force can lead to further complications or permanent injury.
4. Upon palpation, visualize the parts of the kid and begin to determine presentation by touch. The overview of birth presentations addresses the various outcomes based on different kid presentations.

Biggest mistakes when assisting births

- Make sure the doe needs help; remember, most goats can deliver safely on their own. Delivery usually occurs within 30 to 45 minutes.
- Take your time and be gentle. Remain calm and always check for the kid's position before attempting to pull.
- Know your limitations. If you feel outside of your experience, call a veterinarian.

Overview of Birth Presentations

It is important to go through some of the presentations that you might be able to see externally, and some that you might only be able to determine upon palpation.

Normal presentation: Forefeet first, with the head (nose first) between them at the knee.

If assistance is needed: Grab both front legs and apply firm, steady pressure down in synchronization with the doe's straining.

One leg back: Only one forefoot is visible, with the head extended. The other leg is bent back under the kid's body.

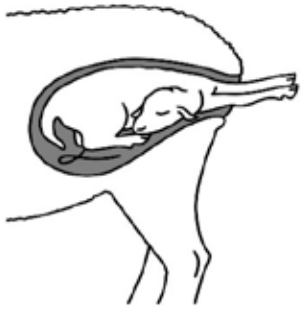
If assistance is needed: Slide your hand along the shoulder and locate the foot that is turned back. Keep your hand to the outside so that you are always between the kid's hoof and the uterine wall. Gently twist the kid's leg forward to the normal position.

Elbow lock: Both forefeet and head are visible, but forefeet are bent at a downward angle. Kid's elbow is not straight.

If assistance is needed: Gently push the head back into the birth canal. This will relieve the pressure on the kid's legs. Work to bring front legs forward by gently pulling the legs one at a time into the birth canal to a normal position.

Both forelegs back: No forefeet are visible, with head extended. Both legs are bent back under the kid's body.

If assistance is needed: Gently guide the head back into the birth canal and slide your hand along the kid's shoulder blade to locate a leg. Carefully bring the leg forward, then repeat with the other leg until the kid is in the correct position. Alternatively, you can use a kid head snare to stabilize the head while locating and maneuvering the legs.



Head back: Both front feet extended, but upon palpation the head is bent back.

If assistance is needed: Kid may need to be pushed back to reposition the head back into its normal position (between front legs). A snare may be useful to keep legs from moving back into the birth canal while attempting to reposition the head. Once the head is in the correct position, gently pull as normal.

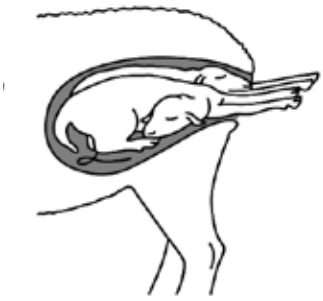
Clip art courtesy of Ontario Sheep Producers

Backward: Both rear legs are visible from the birth canal.

Breech: Only the kid's tail is present, hind legs forward.

If assistance is needed: Do not try to turn kids around. Quickly, but carefully, pull the legs straight back until kid's pelvis is outside the vulva, then pull down toward the ground. If only the kid's tail is visible, first retrieve the back legs before proceeding with the pull.

Multiple births are common so two kids may be present with legs intertwined. Always ensure that legs and head are part of the same kid before attempting to pull them.



Four legs, one head: Four front feet extended, but only one head is showing. The other head is bent backward.

If assistance is needed: Gently push both kids back into the birth canal. Carefully determine which kid will be easiest to maneuver and deliver one kid normally. **Be sure that legs and head belong to the same kid before pulling.** Once one kid is out, this should provide more room to maneuver the next. Ensure the head is in the proper position and gently pull.

Front and back: One kid is in a normal position. The other is breech and on top of the kid in normal position.

If assistance is needed: Usually the breech kid will be first and that is what is causing the obstruction to the second kid. If this is the case, see the breech section for further assistance. If the normally presented kid is first, deliver this kid as usual, then follow with the breech kid. **Be sure that legs and head belong to the same kid before pulling.**

Front leg or back leg?

Front leg: The knee and pastern, which is the joint just below the knee, will bend in the same direction, as shown in the illustration. Alternatively, you can determine this by noting that the knee's point will be on the side opposite the dewclaw, a small, extra appendage located above the hoof on the inside of the leg.

Back leg: The hock and pastern, the joint below the hock, will bend in opposite directions, as depicted in the bottom right illustration. Alternatively, you can identify this by observing that the point of the hock is on the same side as the dewclaw, a small, extra appendage located above the hoof on the inside of the leg.

Additional considerations for kidding

- Amniotic fluid is often clear and has a slight yellow tint. If this fluid is dark brown, you should assist, as this is an indication of severe stress in a doe. This situation typically warrants subsequent antibiotic therapy for the doe.
- If you suspect a breech kid, it is important to work calmly but quickly. With many breech deliveries, the umbilical cord will break, leading to the potential for the kid to aspirate on amniotic fluid. These kids may require extra involvement to help them begin breathing and clear their lungs.
- Kidding problems can arise from various factors such as genetics, health issues, or the nutritional status of does. Maintaining detailed and accurate records is crucial, as they can help diagnose and address the root cause if problems around kidding occur.

When to call the veterinarian

- The doe's cervix is not dilated.
- You are unfamiliar with what presentation is occurring.
- You have attempted to correct a malpositioned kid without success for more than 15 minutes.
- It is a long hard delivery, and you do not feel comfortable assisting further.
- If the doe has retained her placenta or is feverish for more than three days.

It's important to establish a relationship with a veterinarian so you feel confident reaching out to them with any concerns.

Equipment

Gather this essential equipment before kidding season begins. Being prepared for potential challenges helps the season go smoothly. It is better to have these supplies on hand, rather than needing them and not having them available.

Facilities

Each producer's distinctive barn layout will result in various setups for kidding. While there is no singular correct method, having appropriate facilities is crucial for ensuring the survival of kids and minimizing labor during kidding season. Recommendations for optimizing your setup for a successful kidding season include:

Provide a clean kidding area: This area should be kept dry and well bedded down. It is recommended that the area be cleaned and bedded down before your first doe is due. Unless complications arise, does should give birth in this area.

Provide individual kidding pens: These pens or jugs should measure at least 5 feet by 5 feet. This is where doe and kids are moved together to bond and to provide a clean environment after birth. You have a few options for this; you can build small pens using existing gates and wire panels, or you can buy premade pens. These pens should be cleaned between doe and kid pairs to prevent the spread of disease.

Prevent drafts: Kids can catch a chill easily, so it is necessary to protect them from the elements. If kidding occurs during winter months, heat lamps with kidding jugs would work well to keep kids warm and dry. It is also recommended to keep kidding jugs away from doors or areas that experience drafts.

Provide a creep feeder area: This setup can be implemented in your barn or on pasture, depending on the available space. The creep barrier should be large enough for kids to pass through but small enough to keep the smallest does out. Creep feed can be provided in troughs or self-feeders and effective creep feeders are designed to prevent kids from playing on or in the feeders.

Photo courtesy of Premier 1 Supplies, LLC

General items

It's good to have these even outside of kidding season.

Halter: Useful tool to restrain animals. A basic rope halter is recommended; however, a neck rope or collar can also be used. With all halter types, be sure to constantly supervise animals as halters pose a strangulation hazard.

Ear tagger and tags: Used to identify animals for record keeping and disease tracing purposes. For a goat to leave your farm, a USDA Scrapie Tag with a State Premise ID is necessary. For more information, visit the Kansas Department of Agriculture and download the official Livestock Identification Reference Deck (*https://www.agriculture.ks.gov/divisions-programs/division-of-animal-health/animal-disease-traceability*).

Marking crayon or paint: Can be used to temporarily mark animals for sorting. Useful from a kidding standpoint, and being able to identify doe and kid pairs.

Disposable exam gloves: Wearing gloves reduces the risk of zoonotic disease. They are especially important when dealing with biological fluids and when assisting kidding. When moving to another doe in need of assistance, gloves should always be changed.

Needles: Having several different lengths and sizes of needles is recommended, 20 gauge × 1 inch and 18 gauge × 1 inch are probably the most common with small ruminants.

Syringes: Used to administer vaccinations, 5-cc syringes are normally recommended.

Sharps container: Needles and other sharp items must be disposed of in an appropriate sharps container as soon as possible after use. These containers are available at your local farm supply store and should be rigid, puncture resistant, leakproof, and have a secure lid.

Clean towels: Chill is a risk to kids born during winter months; having a stockpile of clean towels is good practice to dry the wet kids.

Record keeping system: A digital method of record keeping is recommended, but a notebook or kidding binder works too.

Contacts

- **Veterinarian:** It is best to establish a relationship with a veterinarian before one is needed. Building a trusted relationship between the herdsman and a veterinarian should begin before kidding season.
- **Extension agent:** These groups can provide you with support on a variety of small-ruminant related resources.
- Proven goat producers who are willing to mentor and will provide guidance.

Supplies for tubing or bottle-fed kids

Esophageal tube: Soft, flexible 16-inch tubing is a practical solution for direct feeding in kids that are not nursing. For detailed instructions on how to use an esophageal tube with a syringe, refer to the Steps to Tube Feeding section.

5-ounce syringe: A hard plastic catheter tip syringe used for tube feeding. Its size and design make it suitable for controlled fluid delivery.

Bottles with rubber nipples: Durable bottles with rubber nipples, available at local farm supply stores, are ideal for feeding newborn kids. Be sure to clean these items regularly.

Bucket system: Designed for feeding multiple kids at once, often featuring a bucket with several nipples and a gravity-fed method for efficient feeding. This setup is particularly useful if you frequently have many bottle-fed kids. If this is not a common issue, this equipment might be unnecessary.

Stored colostrum: This can be sourced from does that have lost their kids or from single-bearing does that produce excess. Colostrum should be premeasured and frozen in freezer bags or plastic tubes for future use. Label each container with the collection date and amount to ensure proper inventory and usage.

Milk replacer: A formulated substitute for goat's milk, used to feed kids when their mother's milk is not available or insufficient. Choose a high-quality replacer to ensure proper growth and health. There is a biological difference between colostrum and milk. All goats should receive colostrum before being offered

a milk replacer. See the section Colostrum vs. Milk: What's the Difference?

Energy supplement: A concentrated, high-energy supplement available at farm stores, specific for kids, provides essential vitamins, minerals, and nutrients. It helps support the health and vitality of kids, particularly during times of weakness or stress.

Hand milker: A manual milking device designed to ease the process of milking out small ruminants for producers. Although not essential, it is worth considering if you regularly milk does. (See picture of use to the right)

Colostrum vs. Milk: What's the Difference?

Colostrum: Colostrum is the thick, yellowish "first milk" produced by the doe after giving birth. It is high in energy, protein, vitamins, and minerals. Most importantly, it contains maternal antibodies that protect the newborn from disease during its early life. Does produce colostrum for approximately 24 hours following the birth of their offspring.

Milk: Anything produced more than 24 hours after birth is milk. Unlike colostrum, it has a thinner consistency and lacks the high concentration of antibodies found in colostrum. Kids will use mature milk as a source of nutrition for several weeks or months, depending on factors like doe breed, previous pregnancies, and nutrition.

Milk replacer is not a substitute for colostrum.

Photo courtesy of Premier 1 Supplies, LLC

While colostrum can still be given to goat kids older than one day of age, its benefit for providing immune protection through passive antibody transfer is only effective within the first 24 hours of life. Providing colostrum to older kids is usually deemed an inefficient use of this resource.

Conditions that might require supplementation

- Does that give birth to triplets or quads.
- Does with subclinical mastitis or a nonfunctional teat.
- Yearling does, which typically produce less colostrum.
- Does with large teats or udder edema.
- Injured does or those with particularly difficult births, as pain can cause hormonal imbalances and reduced colostrum production.

Table 1. Evaluation of colostrum sources for newborn kids and their practical use

Ranking	Colostrum/Milk Source	Antibody	Comments
1	Another doe within the herd (Fresh)	Yes	Best substitute
2	Stored colostrum from last year (Frozen)	Yes	Next best option
3	Doe from another herd	Yes	Biosecurity risk*
4	Colostrum from a cow	Yes	Biosecurity risk*
5	Commercial colostrum replacement	Yes	Expensive
6	Milk Replacer	No	Not a substitute for colostrum
7	Homemade Colostrum	No	Not a substitute for colostrum

*Some diseases are transferred from the dam to the offspring via the colostrum and milk. Both ovine progressive pneumonia (OPP) and caprine arthritic encephalitis (CAE) are transmitted in this manner.

Kid Tubing and Bottle Feeding

Kids should receive colostrum within the initial 30 to 60 minutes of life. To ensure this, it is important to strip the doe's teats to remove any wax plugs that might block the milk flow. These plugs can sometimes prevent kids from getting milk, even if they appear to be nursing. By expressing a small amount of colostrum from each teat you ensure the doe is producing and kid will be able to nurse. It is crucial to closely monitor kids to ensure they are consuming colostrum. If a kid is not nursing, assistance should be provided. Most kids should display a strong suckling reflex shortly after birth and will nurse when given access to the teat. If needed, you might have to help by closing the kid's mouth around the teat to stimulate suckling. It is important to make every effort to have the kid nurse from the doe before resorting to tube feeding.

Feeding guidelines for kids

Sometimes, kids may have difficulty nursing from the doe even with assistance. This can be due to factors such as being small, weak, chilled, rejected, or struggling to thrive after a difficult birth. In these situations, tube feeding is necessary to ensure the kid receives colostrum. Colostrum should be fed at a minimum rate of 10% of the kid's body weight. Timing is crucial: a 10-pound kid should be given about 7 ounces of colostrum within 30 to 60 minutes after birth. Table 2 provides examples of the corresponding amount of colostrum needed based on different body weights within the first hour of life and over a 24-hour period.

Table 2. Approximate colostrum needs based on newborn kid weight

Kid Weight (lbs.)	Colostrum needed within the first hour of life (oz)	Colostrum needed within the first 24 hours (oz)*
6	4	10
7	5	11
8	5	13
9	6	15
10	7	16
11	7	18
12	8	20

* The total amount of colostrum needed in the first 24 hours of life should be split up into feedings of 2 to 4 ounces every 3 to 4 hours.

Producers should remember that kids remaining with the doe should naturally acquire these amounts on their own, and only kids appearing unhealthy or weak should receive supplemental colostrum. After the initial tube feeding, many kids start nursing on their own. If they do not, they may need additional feedings of 2 to 4 ounces every 3 to 4 hours.

Signs that a kid may not be nursing

- Hunched back
- Not stretching on standing
- Sluggish or lack of activity
- Lying flat on side
- Hollow stomach
- Shivering
- Mouth is cold
- Little to no vocalization

Hypothermic kids

If you suspect a kid is experiencing hypothermia or chill, it is crucial to act promptly. Start by checking the kid's temperature; a normal temperature will be between 102 degrees Fahrenheit and 103 degrees Fahrenheit. If the kid's temperature is below 99 degrees Fahrenheit, avoid tube feeding colostrum, as kids in this advanced stage of hypothermia cannot properly absorb it. Instead, focus on warming the kid using a warming box or heat lamp until their temperature rises above 99 degrees Fahrenheit. Once warmed, give them a few ounces of warm colostrum and monitor them for a few minutes before returning them to their doe. If the kid has a mild chill (temperature between 99 degrees Fahrenheit and 101 degrees Fahrenheit), it is safe to feed warm colostrum and return them to their mother, but continue to monitor them closely to ensure they show signs of improvement.

Steps to tube feeding

1. **Determine that tube feeding is necessary:** Tube feeding should be used as a last resort, and producers should spend time in the jug with both doe and kid, encouraging nursing behaviors before tube feeding is attempted. Older kids that consistently require feedings need to be bottle trained and should not continue to be tube fed.

2. **Begin to warm colostrum/milk to body temperature (102 degrees Fahrenheit to 103 degrees Fahrenheit):** frozen or chilled colostrum/milk should be reheated in a warm water bath. Never microwave colostrum. Direct heat can damage the heat-sensitive antibodies in colostrum that are crucial for providing passive immunity to kids. Do not allow milk to go sour, when in doubt, dispose of it.

3. **Ensure proper sanitation and gather equipment:** This step is often overlooked. Before using esophageal tubes and syringes, make sure they are thoroughly cleaned. It is also essential to keep bottles, bottle nipples, and mixing equipment clean. With frequent use or improper care, these items can degrade over time, causing the rubber tubes and teats to weaken.

4. **Gauge tube placement:** Place the tube alongside the kid's body, with the mouth of the tube at the kid's mouth and the end at its last rib. The last rib is near the stomach. Note how far the tube will have to be inserted before proceeding. See Photo A below.

5. **Restrain the kid:** It is easier to sit or stand with the kid between your knees, holding it gently by the shoulders. Carefully insert the clean tube into the animal's mouth. There should be no need to apply pressure or force; the kid should naturally begin to swallow the tube.

6. **Check for proper placement:** Feed the tube until it reaches the area previously visualized. A properly placed tube will allow the kid to bleat normally, whereas if the tube is in the trachea, the animal will be unable to make sounds and may start to struggle. See Photo B below. If the tube suddenly stops progressing and appears to not be at the previously noted length, you are most likely in the trachea. Any sign of gagging or coughing means you are likely in the wrong place.

7. **Feeding:** Firmly attach a 60-cc dose syringe to the correctly positioned esophageal tube and slowly pour in the warmed colostrum or milk. For novice producers, avoid using the syringe

A) (above) Visualize tube placement
B) (right) Properly restraining kid
Photos courtesy of Washington State University

plunger and instead allow kids to consume the meal through gravity. Feedings should be divided into two or three smaller portions of 3 to 4 ounces each. The volume given will be adjusted based on kid size — smaller kids should receive smaller meals, while larger kids can take slightly larger volumes.

8. **Remove tube and monitor:** After feeding, place a kink in the plastic esophageal tube before removing it. This step is necessary to prevent aspiration of fluids during withdrawal. Remove the tube in one smooth motion, then give the kid a moment to recover before returning it to the doe.

Kid and Doe Management Time Line

Once kids are born, follow these helpful next steps with approximate time lines.

Step 1: Ensure that the kid is breathing *(within the first few minutes)*

- The doe should be cleaning the kid.
- Ensure all mucus is removed from the head and muzzle.
- If a kid is struggling to breathe, firmly pat its side to encourage it to inhale.

Step 2: Observe from a distance *(10 to 30 minutes)*

- Maintain a distance and avoid interfering.
- Watch for contractions. If only one kid is visible, another may still be coming.
- Wait until the kid attempts to stand on its own.

- Ensure the doe remains attentive and close to the kid.
- Look for signs of nursing, such as tail wagging, which indicates that the kid is feeding.

Step 3: Move doe and kid(s) to jug *(1 hour)*

- With gloved hands, use the kid(s) to guide the doe into the jug.
- If there are concerns about additional kids, palpate the doe to confirm.

Step 4: Kid processing *(1 to 2 hours)*

- **Clip:** If needed, trim the navel cord to less than 2 inches from the body wall.
- **Dip:** Spray or dip navel in disinfectant (i.e., iodine or betadine).
- **Strip:** Strip teats to remove wax plugs and check the milk supply.
- **Sip:** make sure kids nurse as soon as possible.
- Check eyelids to ensure there is no entropion or inversion of the eyelid.

Step 5: Placenta delivery *(4 to 6 hours)*

- The doe may consume the placenta, so you might not see this step.
- If the doe doesn't consume her passed placenta, remove it from the jug.
- Never pull or tug on the placenta; this can cause hemorrhage.

Step 6: Monitor pairs in jug *(24 to 48 hours)*

- Routinely check to ensure kids are healthy, content, and well-fed.
- Ensure the doe is eating and drinking plenty of water.
- Inspect the udder for any signs of uneven fullness, mastitis, fever, or redness.

Step 7: Move to mixing pen *(after 48 hours)*

- Tag the kids before transferring them with the doe to a group setting.
- Routinely scan mixing pens for sick or chilled kids.
- Keep the creep pen clean, dry, and stocked with creep feed for the kids.

Kid processing supplies

Scissors: Used to trim excessively long umbilical cords to prevent umbilical injury.

Iodine or betadine: Used to disinfect the umbilical cord stump after trimming to prevent infection and promote proper healing.

Digital hanging scale: A useful tool to measure and record the weight of a kid at birth. Calibrate the scale to zero, place the kid in a sling or bucket, and hold it steady for the weight to stabilize on a digital display.

Elastrator and bands: Male kids should be castrated unless your consumer market prefers intact males. Ensure both testicles are felt within the scrotum before removing the band from the elastrator. Using disinfectant or a form of liquid bandage after banding reduces the risk of tetanus or infection.

Syringes and needles: Use these to administer medications, vaccines, or treatments to support the kid's health. Recommended sizes are 20 gauge × 1-inch and 18 gauge × 1-inch needles, with 5-cc syringes.

Ear tagger with tags: Effective management relies on proper identification. Ear tags should be placed between the arteries in the ear, and the numbers on the tags must be legible. It's important to tag kids before they leave the jug. See the Goat Ear Tagging Guide.

Veterinary Items

OB lube: Used to provide lubrication during delivery to ease the passage of the kid and reduce trauma to doe.

Antiseptics: Betadine or some other form of iodine is good to have on hand to dip dry navels, prevent infection, or treat minor cuts/scrapes.

Thermometer: Essential for monitoring the temperature of does/kids and identifying signs of fever or hypothermia.

Bandages: Useful for wrapping wounds, supporting limbs, or securing splints in kids.

Prolapse retainer: Used to help manage and correct uterine or vaginal prolapses in does.

OB snare: A tool used to assist in delivering kids by helping to extract them when they are in a difficult position.

Leg splint: Used to immobilize and support injured or deformed legs in newborn kids to ensure proper healing.

Propylene glycol: A supplement that can help treat pregnancy toxemia (a metabolic disorder) in does, particularly in the days leading up to and following kidding.

Goat Ear Tagging Guide

1. **Insert the tag into the ear tagger:** Slide the female part of the ear tag beneath the spring-loaded clip. Then, position the male part of the ear tag onto the needle.
2. **Disinfect the tag and needle:** Quickly dip both the ear tag and ear tagger into a disinfectant solution.
3. **Position the ear tag:** Position the ear tagger correctly on the animal's ear: avoid placing it too close to the skull, as this can lead to infection, and do not position it near the tip of the ear, where the tag is more likely to be lost. Firmly squeeze the tagger to pierce the ear.
4. **Remove the ear tagger:** Open the ear tag pliers and press the spring-loaded clip to release the ear tag from the pliers.

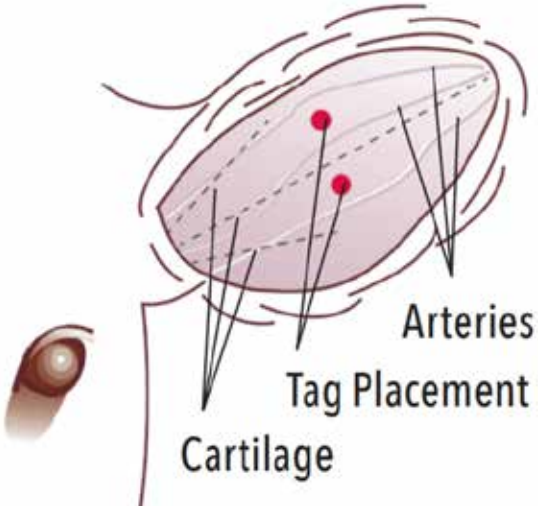


Photo courtesy of Premier 1 Supplies, LLC

Additional therapeutics

Therapies should only be used based on a veterinarian's recommendation; however, they remain recommended supplies for kidding.

OTC = *over-the-counter*

RX = *prescription from veterinarian required*

Antibiotics

- **Penicillin G Procaine:** Short-acting injectable antibiotic (***RX***).
- **Oxytetracycline injectable:** Intermediate-acting injectable antibiotic (***RX***).
- **Terramycin ointment:** Good for treating pink eye or use in kids with superficial ocular infections (***OTC***).

NSAIDs or anti-inflammatory - this drug class requires a prescription (***RX***).

- **Banamine** or **Prevail:** Used for treating fever or pain relief from various illnesses. Off-label for sheep/goats; contact a veterinarian before use (***RX***).
- **Meloxicam:** Often administered orally and is frequently used to alleviate pain during disbudding or castration procedures (***RX***).

Vitamins/minerals

- **Vitamin B Complex** or **Vitamin A and D:** Often used to correct certain deficiencies in newborn kids and can be purchased at farm stores (***OTC***).
- **Bo-Se:** Selenium with vitamin E supplementation for deficiencies in kids (***RX***).
- **Thiamine:** For treatment of polio in young kids (***RX***).
- **Calcium, magnesium, phosphorus, and potassium oral supplement:** Promotes normal vitamin and mineral levels in does before and after kidding (***OTC***)

Year _____

Kidding Record Sheet

Birth Date	Doe ID	Kid ID	Assisted	Birth Type	Rear Type	Sex	Sire ID	Death Date	Weaning Date	Weaning Weight	Comments