



Maryland Department of Agriculture

www.mda.state.md.us

Animal Health Section 50 Harry S. Truman Parkway, Annapolis, Maryland 21401

Equine Exhibitor's Self Certification of Animal Health

I, the undersigned, hereby verify the following:

(Parent or guardian must sign for children under age 18)

1. I am the **owner/authorized caretaker/transporter** (*circle as applicable*) of the equine identified on the current, valid, "Equine Infectious Anemia" (Coggins) document.
2. I understand that any equine showing any signs of or having recent exposure to, contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:
 - SKIN: Visible evidence of skin infections (*bacterial or fungal*) with particular emphasis on *ringworm*.
 - HEAD: Discharge from the eyes or nose which is excessive in amount or opaque (yellow or white in color) as opposed to the normal clear nasal discharge commonly seen after exercise.
 - RESPIRATORY: Signs of infectious respiratory disease such as fever, coughing, labored breathing, increased respiratory rate and nasal discharge. Animals originating from premises where there is current infectious respiratory disease and animals with any known exposure to infectious respiratory disease shall be ineligible to show for a minimum of 21 days after exposure. Infectious respiratory disease shall include but not be limited to *Influenza, Rhinopneumonitis, and Strangles*.
 - INTESTINAL: Evidence of diarrhea which is watery and/or persistent in nature and more profuse than a looser stool which could be attributed to diet or nervousness.
 - FEET: Horses exhibiting any type of unsoundness are already excluded from showing by the rules governing horse for shows.
 - OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude equine from exhibition.
3. I have read and understand the above guidelines.
4. I have visually examined the equine I am presenting for exhibit.
5. I agree not to present for exhibition any equine showing any signs of contagious or infectious disease, or having any known recent (21 days) exposure to any contagious or infectious disease.

Date of inspection: _____ Number inspected _____ Signature _____

Printed Name _____ Event _____

(Parent or guardian must sign for children under age 18)

Date of inspection: _____ Number inspected _____ Signature _____

Printed Name _____ Event _____

(Parent or guardian must sign for children under age 18)

Date of inspection: _____ Number inspected _____ Signature _____

Printed Name _____ Event _____

(Parent or guardian must sign for children under age 18)

Date of inspection: _____ Number inspected _____ Signature _____

Printed Name _____ Event _____

(Parent or guardian must sign for children under age 18)



Livestock Exhibitor's Self Certification of Animal Health

I, the undersigned, hereby verify the following:

(Parent or guardian must sign for children under age 18)

1. I am the **owner/authorized caretaker/transporter** (*circle as applicable*) of the animal(s) identified on the current, valid, "Certificate of Veterinary Inspection" (CVI) document.
2. I understand that animals showing any signs of, or having recent exposure to, contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:
 - SKIN: Visible evidence of skin infections such as **ringworm, warts, mange, lice, and club lamb fungus.**
 - HEAD: Discharge from the eyes or nose or evidence of **soremouth, pinkeye, atrophic rhinitis, caseous lymphadenitis.**
 - RESPIRATORY: Infectious respiratory disease (**pneumonia**)
 - INTESTINAL: Diarrhea
 - FEET: Contagious hoof infections such as **footrot.** Exhibition of lame animals is discouraged.
 - OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude livestock from exhibition.
3. I have read and understand the above guidelines.
4. I have visually examined the animals I am presenting for exhibit.
5. I agree not to present for exhibition animals showing any signs of contagious or infectious disease, or having any known recent (21 day) exposure to any contagious or infectious disease.

 Date of inspection: _____ Number inspected _____ Signature _____
 Printed Name _____ Event _____
 (Parent or guardian must sign for children under age 18)

 Date of inspection: _____ Number inspected _____ Signature _____
 Printed Name _____ Event _____
 (Parent or guardian must sign for children under age 18)

 Date of inspection: _____ Number inspected _____ Signature _____
 Printed Name _____ Event _____
 (Parent or guardian must sign for children under age 18)

 Date of inspection: _____ Number inspected _____ Signature _____
 Printed Name _____ Event _____
 (Parent or guardian must sign for children under age 18)

 Date of inspection: _____ Number inspected _____ Signature _____
 Printed Name _____ Event _____
 (Parent or guardian must sign for children under age 18)

 Date of inspection: _____ Number inspected _____ Signature _____
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Poultry Exhibitor's Self Certification of Animal Health

Name of Owner: _____

Address: _____

Telephone Number: _____

I, the undersigned, hereby verify the following:

(Parent or guardian must sign for children under age 18)

1. I am the **owner/authorized caretaker/transporter** (*circle as applicable*) of the poultry identified on this form.
2. I understand that poultry showing any signs of, or having recent exposure to (within 21 days), contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:
 - FEATHERS: No signs of loss of feather, feather picked, soiled hackle feathers or evidence of egg clusters commonly caused by ***Lice or Mites***.
 - HEAD: No signs of swelling or puffiness on the head. No watery, large or swollen eyes and or crust on the eye lids commonly caused by ***Mycoplasma or Fowl pox***.
 - RESPIRATORY: No signs of infectious respiratory diseases such as nasal discharge, rattling cough or distressed breathing commonly caused by ***Infectious Bronchitis or Laryngotracheitis***.
 - INTESTINAL: No evidence of pasted vents, chalk-white feces or internal parasites consistent with ***Diarrhea***.
 - OTHER: NO unusual mortality in the last 30 days.
3. I have read and understand the above guidelines.
4. I have visually examined the poultry I am presenting for exhibit.
5. I agree not to present for exhibition poultry showing any signs of contagious or infectious disease.

#	Band #	Series of Band #	Age	Sex	Breed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Date of inspection: _____ Number inspected _____ Signature _____

Printed Name _____ Event _____

(Parent or guardian must sign for children under age 18)



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Animal Health Section 50 Harry S. Truman Parkway, Annapolis, Maryland 21401

Rabbit Exhibitor's Self Certification of Animal Health

Name of Owner: _____

Address: _____

Telephone Number: _____

I, the undersigned, hereby verify the following:

(Parent or guardian must sign for children under age 18)

1. I am the **owner/authorized caretaker/transporter** (*circle as applicable*) of the rabbit(s) identified on this form, have been visually examined.
2. I understand that rabbits showing any signs of, or having recent exposure to (within 21 days), contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:
 - SKIN & HEAD: No visible evidence of skin infections, discharge for the eyes or nose or excessive head shaking with particular emphasis on ***Ear mites, Fur mites, Myxomatosis, and Ringworm.***
 - REPRODUCTIVE: No signs of sexually transmitted diseases with particular emphasis on ***Syphilis.***
 - RESPIRATORY: No signs of infectious respiratory disease such as sneezing, white nasal discharge or excessive tearing which are all common signs of ***Snuffles.***
 - INTESTINAL: No evidence of soft droppings, soiling on rump or hocks consistent with ***Diarrhea.***
 - OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude rabbits from exhibition. ***Viral Hemorrhagic Disease (VHD)***
3. I have read and understand the above guidelines.
4. I have visually examined the animals I am presenting for exhibit.
5. I agree not to present for exhibition rabbits showing any signs of contagious or infectious disease.

#	Tattoo	Registry Name or #	Date of Birth	Sex	Breed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Date of inspection: _____ Number inspected _____ Signature _____

Printed Name _____ Event _____

(Parent or guardian must sign for children under age 18)