



Maryland Department of Agriculture

www.mda.state.md.us

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

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)