



Maryland Department of Agriculture

www.mda.state.md.us

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.

Table with 6 columns: #, Tattoo, Registry Name or #, Date of Birth, Sex, Breed. Rows 1-10.

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