



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.

Table with 6 columns: #, Band #, Series of Band #, Age, Sex, Breed. Rows 1-10.

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