

Maryland Department of Agriculture

Animal Health Section
50 Harry S. Truman Parkway, Annapolis, Maryland 21401
410.841.5810
www.mda.maryland.gov



Livestock Exhibitor's Self Certification of Animal Health

Name of C	Dwner	: 			
Address: _					
Phone Nu	mber:				
1. I a cui 2. I ui coi	m the rrent, nders ntagic lude ta. \$ fi	owner/auth valid, Certifitand that and that and that and the cut are not list. Visible ungus.	orized caretaker/transcate of Veterinary Institution imals showing any signous disease are not provided to the following evidence of skin infernarge from the eyes of the contract of the eyes of the contract of the eyes of	sporter (circle a pection (CVI) d gns of or having ermitted to ent : ections such as	ian must sign for children under age 18) as applicable) of the animal(s) identified on the document. g recent exposure (within 21 days) to ter the fair/show premises. These conditions as ringworm, warts, mange, lice, and club lamb ence of soremouth, pinkeye, atrophic rhinitis, or
	c. F b v ii	RESPIRATO preathing, in where there infectious res	RY: Signs of infectious creased respiratory ratios a current infectious spiratory disease shall	ite and nasal di respiratory dis I be ineligible to	disease such as fever, coughing, labored lischarge. Animals originating from premises sease and animals with any known exposure to show for a minimum of 21 days after spneumonia, rhinotracheitis, and parainfluenza
	e. F	orofuse than EET: Conta	a loose stool which c gious hoof infections	ould be attribut such as footrot	ery and/or persistent in nature and more ted to diet or stress. t. Exhibition of lame animals is discouraged. , any contagious or infectious disease
4. Iha 5. Iaa ha 6. Iha	ave re ave vi gree r ving a	ead and und sually exament to present to present to present to present to present to the total t	ecent exposure (within	idelines. m presenting fon nimal showing and the and the short in the	
(Parent or (guardi	an must sign	for children under age 1	8)	
	•		Number inspected		Event
Date of ins	pection	n:	Number inspected	Signature	Event

Event_

Date of inspection: _____Number inspected____Signature___ Printed Name____



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Name of Owner:			
Address:			
Phone Number:			
(Parent or guardian must	sign for children under age 18)		
		re	
Printed Name		Event	
		re	
Printed Name		Event	
Date of inspection:	Number inspected Signatur	re	
Date of inspection:	Number inspected Signatur	re	
	Number inspectedSignatul		
		re Event	
r filled Ivallie		Lvent	
		re	
Printed Name		Event	
Date of inspection:	Number inspected Signatur	re	
Data of inapportion:	Number inspected Cignotus		
	number inspectedSignatul	re Event	
		re	
Pfilited Name		Event	
Date of inspection:	Number inspectedSignatu	re	
Date of inspection:	Number inspectedSignatu	re	
-	Number inspectedSignatur		
Date of inspection: Printed Name	Number inspectedSignature	re Event	