



Maryland Department of Agriculture

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



Poultry Exhibitor's Self Certification of Animal Health

Name of Owner: _____

Address: _____

Phone 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 (within 21 days) to contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:
 - a. **FEATHERS:** No signs of loss of feather, feather picking, soiled hackle feathers or evidence of egg clusters commonly caused by lice or mites.
 - b. **HEAD:** No signs of swelling or puffiness on the head. No eye discharge, swellings, and/or crust on the eyelids commonly caused by Mycoplasma or Fowl pox.
 - c. **RESPIRATORY:** No signs of infectious respiratory diseases such as nasal discharge, rattling cough or distressed breathing commonly caused by Infectious Bronchitis or Laryngotracheitis.
 - d. **INTESTINAL:** No evidence of pasted vents, chalk-white feces or internal parasites consistent with diarrhea.
 - e. **OTHER:** No unusual mortality in the last 30 days in the flock.
3. I have read and understand the above guidelines.
4. I have visually examined the poultry I am presenting for exhibition.
5. I agree not to present for exhibition poultry showing any signs of contagious or infectious disease or having any known recent exposure (within 21 days) to any contagious or infectious disease.
6. I have read and understand the MDA animal rejection policy as stated in the 2025 fair and show requirements.

Band #	Age	Sex	Breed

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

Date of inspection: _____ Number inspected _____ Signature _____

Printed Name _____ Event _____

Date of inspection: _____ Number inspected _____ Signature _____

Printed Name _____ Event _____