



2024 Fair & Show Entry Training

MARYLAND DEPARTMENT OF AGRICULTURE –
ANIMAL HEALTH

Objectives

1. Understand the MDA AH Fair and Show Requirements.
2. Understand what to look for on CVIs, Coggins, Self-Certifications, and other official documents.
3. Recognize signs of contagious and infectious diseases of concern in show animals.
4. Develop a thorough and efficient fair check-in procedure.
5. Recognize when an animal or exhibitor should be rejected and know the best practices for rejection.
6. Know which MDA AH forms are required for fairs and shows and how to use them.

Fair and Show Requirements

POULTRY

IDENTIFICATION = Numbered Leg or Wing Band

PAPERWORK = Poultry Exhibitor Self Certification; Official testing documents (Avian Influenza & Salmonella Pullorum Typhoid) with poultry premise number included



TESTING:

1. Avian Influenza (AI) –

- Maryland – 15 birds (or whole flock if < 15 birds) within 30 days
- Out of State – 30 birds (whole flock if < 30 birds) within 21 days
- OR come from *NPIP U.S. H5/H7 Avian Influenza Clean Flock*

excludes pigeons and doves

2. Salmonella Pullorum Typhoid (PT) –

- test negative within 90 days of event or come from *NPIP U.S. Pullorum-Typhoid Clean Flock*

excludes doves, pigeons, wild birds, waterfowl

CATTLE

IDENTIFICATION = Official RFID 840 Tag

PAPERWORK =

- CVI (Certificate of Veterinary Inspection)
- Livestock Exhibitor Self-Certification

TESTING:

- Maryland cattle = None
- If coming from a **Non-Bovine Brucellosis Class-Free State, Region, or Zone** = under 24 months old and brucellosis vaccinated OR test negative within 30 days of entry
- If coming from a **Modified Accredited Advanced (or lower) Tuberculosis Free Area or State** = over 6 months of age must be tested negative within 60 days or complete herd test in last 12 months

VACCINATION:

- Bovine Respiratory Disease Complex vaccine **REQUIRED** for Maryland cattle
- Leptosporosis vaccine recommended



SWINE

IDENTIFICATION = Official RFID 840 Tag

PAPERWORK =

- CVI (Certificate of Veterinary Inspection)
- Livestock Exhibitor Self-Certification



TESTING:

- Maryland swine = NONE
- Out-of-state swine =
 - **Brucellosis** – > 6 months of age, negative test within 30 days of entry or originate directly from a validated Brucellosis-free herd or state (barrows exempt)
 - **Pseudorabies** - > 6 months of age, negative test within 30 days of entry or originate directly from a Qualified Pseudorabies Negative herd or Stage 4 or 5 Pseudorabies Free State

VACCINATION:

- Leptosporosis vaccination recommended

SHEEP

IDENTIFICATION=

- USDA Scrapie Tag
- Registration tattoo with breed registration papers
- Microchip (with reader)
- Official RFID Tag

A "CERTIFICATE OF REGISTRATION" from the United Suffolk Sheep Association. It includes fields for breed (RAM), flock name (MacCauley 3356 RR), and registration number (633425). It contains a pedigree chart with names like "Supersire 95", "Mighty Moc", and "Gold SRReak". It also lists the breeder, present owners, and previous owners, along with a QR code and the signature of Amanda Greer, Secretary.

CERTIFICATE OF REGISTRATION
United Suffolk Sheep Association

RAM MacCauley 3356 RR 633425
Flock Name & Number USSA Registration Number

Date of Birth 02/02/2015 Type of Birth Single Type of Service Natural Service Permanent ID NSP ID

MacCauley 3356 RR -- 633425

Supersire 95
Stockton 72H-P14 -- 569617 Fordfourie Flash Dance -- 569601
Stockton 72H-F6 -- 569615
BYU 115 -- 477125
URF 445 -- 531511 BYU 910 -- 429294
Slack 0415b -- 456335
Slack S 3181F -- 514305 Slack 9397-4aa -- 420655
MSB 5163 QRNN -- 542019 McLaughlinGriffin 01-144 -- 486253
Kimm 00115-02171 -- 490380 Kimm 97059-00115 -- 438509
McLaughlinGriffin 01-144 -- 486253
McLaughlinGriffin 0078 -- 444887 McLaughlinGriffin 31-7 -- 453277
Kimm 3019-07012 RRNN -- 562155 Kimm 00027-02022 -- 490308
McLaughlinGriffin 9547 -- 448870
Kimm 0011-03019 -- 514120 Kimm 00027-02022 -- 490308
Bar-Zel 0011 -- 438138
MacCauley 2687 RR -- 611210 Downer Trail DTR 02-1455 -- 489276
Gold SRReak
Downer Trail DTR 04-1503 RR -- 528940 Downer Trail DTR 02-1450 -- 494056
MacCauley 1932 QR -- 560135 Spoonster 335 -- 425747
MacCauley 1553 -- 492695 Breezeview 10 -- 440153

Certificate Originally Issued 04/17/2015 Reissue Date 06/06/2016

Breeder William & Elizabeth MacCauley, Atglen, PA 19310-9684
Present Owners Kyle MacCauley, 4333 Steelsville Rd, Atglen, PA 19310-9684 has 50% purchased on 04/24/2016
Van Dyke Suffolks, 38919 Sd Highway 34, Westington Springs, SD 57382-5903 has 50% purchased on 04/24/2016
Previous Owners Kyle MacCauley, 4333 Steelsville Rd, Atglen, PA 19310-9684; purchased on 06/01/2015
William & Elizabeth MacCauley, 4333 Steelsville Rd, Atglen, PA 19310-9684

RAM MacCauley 3356 RR 633425

Amanda Greer
SECRETARY

Image 1. Sheep Registration Form

PAPERWORK=

- CVI (Certificate of Veterinary Inspection)
- Livestock Exhibitor Self-Certification

TESTING=

- None



Image 2. Sheep Tattoo

GOATS



Image 3. Goat Tattoo

American Dairy Goat Association
Certificate of Registry
 AMERICAN NUBIAN

REGISTRATION ID: AN1000000

NAME: SPINDALE FAKE GOAT

SIRE: SPINDALE FAKE SIRE
 AN0000001

DAM: SPINDALE FAKE GOAT DAM
 1*M AR2009 LA2011,2009

DATE OF BIRTH: 02/07/2016
 TATTOO RE: SPIN LE: K1

DESCRIPTION: WHITE
 SEX: DOE
 HORN INFORMATION: DISBUDDED
 EAR INFORMATION: ERECT

BRED BY: GOAT, WILLIAM
 1234567

OWNED BY: GOAT, BETSY
 1234568

ISSUE DATE: 09/21/2016

TO VERIFY AUTHENTICITY OF THIS CERTIFICATE, RUB OR BREATHE ON THE SEAL. COLOR WILL DISAPPEAR, THEN REAPPEAR.

CERTIFICATE OF TRANSFER

Image 4. Goat Registration Form



“Official”

IDENTIFICATION=

- USDA Scrapie Tag
- Registration tattoo with breed registration papers
- Microchip (with reader)
- Official 840 RFID Tag

PAPERWORK=

- CVI (Certificate of Veterinary Inspection)
- Livestock Exhibitor Self-Certification

TESTING=

- Maryland = NONE
- If coming from a **Modified Accredited Advanced (or lower) Tuberculosis Free Area or State** = over 6 months of age must be tested negative within 60 days or complete herd test in last 12 months

CAMELIDS

IDENTIFICATION=

- Official ID (metal ear tag)
- Microchip (with reader)

PAPERWORK=

- CVI (Certificate of Veterinary Inspection)
- Livestock Exhibitor Self-Certification

TESTING=

- Maryland = None
- If coming from a **Modified Accredited Advanced (or lower) Tuberculosis Free Area or State** = over 6 months of age must be tested negative within 60 days or complete herd test in last 12 months



Image 5. Metal Ear Tag

- Official = will have US seal

RABBITS

IDENTIFICATION =

- Tag
- Tattoo
- Microchip (with reader)

PAPERWORK =

- Rabbit Exhibitor Self-Certification
- ***NO CVI REQUIRED***



Image 6. Rabbit Tattoo

EQUINE

IDENTIFICATION

- Coggins with drawing of
- Tattoo or brand with br
- Microchip

PAPERWORK

- CVI (Certificate of Veter
- Equine Exhibitor Self-Ce
- event
- Coggins (see below)

TESTING

- Equine Infectious Anem
- age and older, must be

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.8)

SERIAL NO. **B**

1. ACCESSION NUMBER 2. DATE BLOOD DRAWN

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING Show First Test
 Market Change of Ownership Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmvvv) 5. VETERINARY LICENSE OR ACCREDITATION NO. 6. TEST TYPE
 AGID
 ELISA

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Tel No. Zip Code
County

8. NAME AND ADDRESS OF OWNER (Please print or type)
Tel No. Zip Code
County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Tel No.

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify the specimen submitted with this Form was drawn by me from the horse described below on the indicated date.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 11. TYPE OR PRINT NAME 12. SIGNATURE DATE

CERTIFICATION OF OWNER OR OWNER'S AGENT
I certify that I have examined this form and, to the best of my knowledge and belief, this form is correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT NAME 15. SIGNATURE DATE

16. Tube No. 17. Official Tag No. 18. Tattoo/Brand 19. Name of Horse 20. Color 21. Brand 22. Electronic I.D. No. 23. Age or DOB 24. Sex
M - Male
F - Female
G - Gelding
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, HORLS, BRANDS, AND SCARS

1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD 26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB 28. RIGHT FORELIMB

29. LEFT HINDLIMB 30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED 33. DATE REPORTED OUT 34. TEST RESULTS
 Negative Positive AGID ELISA

35. REMARKS 36. SIGNATURE OF TECHNICIAN

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

FORM SERIAL NUMBER EIA-

GVL

LABORATORY TEST

2. DATE BLOOD DRAWN 2020-10-01 3. TEST REQUESTED BY VET AGID 4. REASON FOR TESTING Annual

6. NAME: RANCH / FARM / STABLE / 7. NAME & ADDRESS OF OWNER 8. NAME & ADDRESS OF VETERINARIAN

9. SPECIES OF EQUINE 10. VETERINARIAN NATIONAL ACCREDITATION NUMBER

10. EDITED VETERINARIAN led veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.

10. FREEZE BRAND 11. REGISTERED NAME 12. COLOR / COAT OR HAIR COLOR(S)

14. AGE OR DOB 15. GENDER 16. MICROCHIP, BREED, OR REGISTRATION NUMBER

OTHER MARKS AND BRANDS:

18. NECK AND BODY:

20. RIGHT FORELIMB:

22. RIGHT HINDLIMB:

VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
24. DATE SAMPLE RECEIVED 2020-10-06	25. DATE RESULTS REPORTED 2020-10-08	26. OFFICIAL RESULT Negative	27. TEST TYPE USED AGID	

28. LABORATORY REMARKS

30. INTERIM RESULT REFERRED FOR CONFIRMATION No

Veterinary Services March 2020, GVL

Coggins Example 2

Image 7. Coggins Example 1

Paperwork Inspection

Types of Paperwork

1. CVI (Certificate of Veterinary Inspection)

- In state = 120 days
- Out of state = 30 days

2. Self-Certification Forms

- Signed within 24 hours for each fair/show

3. Coggins/Equine Infectious Anemia Test Form

- Within 1 year

4. Breed registration papers

- Vary greatly by breed – check ID and animal description



CERTIFICATE OF VETERINARY INSPECTION

A COPY MUST BE SUBMITTED TO MDA WITHIN 7 DAYS OF ISSUANCE

No. 51XXXXXXXX

Permit # _____ of _____
 Page _____ of _____

Species: <input type="checkbox"/> Cattle <input type="checkbox"/> Canine <input type="checkbox"/> Sheep <input type="checkbox"/> Horses <input type="checkbox"/> Goats <input type="checkbox"/> Feline <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Other _____	<input type="checkbox"/> Interstate Valid for 30 Days (30 days from inspection date)			<input type="checkbox"/> Exhibition Valid for 120 Days (120 days after inspection date)			<input type="checkbox"/> Sale Valid for 30 Days			<input type="checkbox"/> Other * <small>*Prior authorization is required from the State Veterinarian before use of Other*</small>		
	Date of first Exhibition _____											
1. Location of Animal:						2. Purchaser/Name of Show/Consignee (Destination of Animal):						
Name: _____ Phone: _____						Name: _____ Phone: _____						
Address: _____						Address: _____						
Premise ID #: _____						Premise ID #: _____						

Complete Consignor Mailing Address (If different than Box 1): _____	Consignee Mailing Address (If different than Box 2): _____
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Official Identification <small>(Complete Ear Tag Information REQUIRED)</small>	Other Identification <small>(Registered Name or Number, Tattoo, Microchip)</small>	Breed	Sex	Age	Descriptive Color and Markings	Tuberculosis Test		Brucellosis Vaccination, Test or Treatment		Equine			Other Vaccination, Test or Treatment	
						Date	Result	Type/Result	Date	EIA Test Date/Result	Lab/Access#	Temp	Type/Result	Date
EXAMPLE - 51VVG1234	B08	Angus	F	10 mos.	Black	12/22/15	Neg	N/A		N/A			IBR, BSV, P13	12/19/15
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

Veterinarian Certification: I certify, as a licensed and accredited veterinarian, that the above animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable diseases, (except where noted). The vaccinations and results of the test are indicated on the certificate. To the best of my knowledge, the animals listed on the certificate meet the state of destination and federal interstate requirements. No warranty is made or implied. Both dates of inspection and issuance required.

Signature of Issuing Vet: _____ Date of Inspection: _____
 Printed Name of Issuing Vet: _____ Nat'l Accreditation No. _____ Date of Issuance: _____
 Address of Issuing Vet: _____
 Phone Number: _____
 Test or Vaccination Completed by (if not issuing Vet): _____ (OPTIONAL) _____

Owner/Agent Statement: The animals in this shipment are those certified to and listed on this certificate.
Owner/Agent Signature: _____

Only one species per paper

Only one box is checked
CVI's from other states look different but contain the same information

Should put the first show they are going to – show name DOES NOT have to match the current show as long as within 120 days

Species: <input type="checkbox"/> Cattle <input type="checkbox"/> Canine <input type="checkbox"/> Sheep <input type="checkbox"/> Horses <input type="checkbox"/> Goats <input type="checkbox"/> Feline <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Interstate Valid for 30 Days (30 days from inspection date)	<input type="checkbox"/> Exhibition Valid for 120 Days (120 days after inspection date) Date of first Exhibition _____	<input type="checkbox"/> Sale Valid for 30 Days	<input type="checkbox"/> Other * <small>*Prior authorization is required from the State Veterinarian before use of Other*</small>
	1. Location of Animal: Name: _____ Phone: _____ Address: _____ Premise ID #: _____		2. Purchaser/Name of Show/Consignee (Destination of Animal): Name: _____ Phone: _____ Address: _____ Premise ID #: _____	
Complete Consignor Mailing Address (If different than Box 1): 		Consignee Mailing Address (If different than Box 2): 		

Make sure it is signed and the vet information is complete

Date within 120 days for
in state and 30 days for
out of state

Signature of Issuing Vet: _____
Printed Name of Issuing Vet: _____
Address of Issuing Vet: _____

Date of Inspection: _____
Date of Issuance: _____

Phone Number: _____
Test or Vaccination Completed by (if not issuing Vet): _____

Nat'l Accreditation No. _____

Owner/Agent Statement: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature:
(OPTIONAL) _____

Equine Infectious Anemia (EIA) aka Coggins

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.8)

SERIAL NO. **B**

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING Show First Test
 Market Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmvvvv)

5. VETERINARY LICENSE OR ACCREDITATION NO.

6. TEST TYPE AGID ELISA

8. NAME AND ADDRESS OF OWNER (Please print or type)

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT NAME OF FEDERALLY ACCREDITED VETERINARIAN

12. SIGNATURE DATE

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT NAME OF OWNER OR OWNER'S AGENT

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, HORLS, BRANDS, AND SCARS

1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS Negative Positive AGID ELISA

35. REMARKS


36. SIGNATURE OF TECHNICIAN

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

Example breed registration paper

Layout varies greatly by breed/species but all will contain an animal description and identification section

 **American Dairy Goat Association**
ADGA Registry, based on original import records, is your warranty of good breeding and worldwide acceptance. Since 1904
P.O. Box 865, 161 W. Main Street, Spindale, NC 28160 (828)286-3801 Fax (828)287-0476 www.ADGA.org

Certificate of Registry
PUREBRED NUBIAN

NAME: [REDACTED] REGISTRATION ID: [REDACTED]

SIRE: N0849855
GCH SPLIT-CREEK TOP DOLLAR
++*B AR2004 ST2003 LA1992

DAM: N0900683
SPLIT-CREEK KFS WINDSPINNER
1*M AR1994

SIRE'S SIRE: N0632614
GCH SPLIT CREEK'S SPEND-A-BUCK
++*B AR1991 ST2003 LA1990,1989,1988

SIRE'S DAM: N0676527
SG SCUPPERNONG'S BPCS WINI'S POO
3*M AR1990 LA1990,1989,1988

DAM'S SIRE: N0780202
KISMET FOXX SHAMAN
AI ++*B AR1994 LA1992,1990


DAM'S DAM: N0798757
SPLIT CREEK WINDSPINNER

DESCRIPTION: RED WITH SILVER SPOTS
SEX: BUCK
HORN INFORMATION: DISBUDED

DATE OF BIRTH: 02/01/1994
TATTOO: RE: EEE2 LE: F32

BRED BY: [REDACTED]
OWNED BY: [REDACTED] 05/06/1999

ISSUE DATE: 01/09/2017

TO VERIFY AUTHENTICITY OF THIS CERTIFICATE, RUB OR BREATHE  ON THE OVAL. COLOR WILL DISAPPEAR, THEN REAPPEAR.

Under the Rules of the American Dairy Goat Association
The herein described animal has been accepted for registry in the American Dairy Goat Association under the Bylaws and policies of the Association. This certificate is issued in reliance on the truth of the statements submitted on the application for registry or transfer, but is in no event deemed a guarantee by the Association of the breeding or ownership of the animal. If an animal has been admitted to entry or transferred through error, misrepresentation, or fraud, such entries or transfers are void, together with any entries and transfers that may have been made of progeny of any such animals, and the American Dairy Goat Association assumes no liability for damages arising from such entry or transfer. Alterations to this certificate except as made by the ADGA office, render it NULL AND VOID.

Shirley McKehtie
Shirley McKehtie
ADGA Association Manager

CERTIFICATE OF TRANSFER



I have on _____
sold this animal to _____
address _____
(CITY) (STATE) (ZIP CODE)

BUYER ID _____

OWNER ID _____ NAME _____

When animal is sold CERTIFICATE OF TRANSFER block must be completed and signed by seller. CERTIFICATE OF REGISTRY should then be returned promptly to ADGA with appropriate transfer fee. If buyer or seller is an ADGA member - \$4.50 if postmarked within 120 days of sale or \$6 if postmarked 121+ days after sale. If buyer and seller are nonmembers, cost is \$16.50. Prices subject to change without notice.

OWNER (SELLER) SIGNATURE _____

20170717895
727419

Image 9. Goat Registration 2



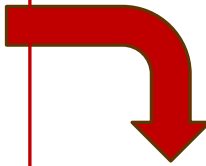
Livestock Exhibitor's Self Certification of Animal Health

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 animal(s) identified on the current, valid, "Certificate of Veterinary Inspection" (CVI) document.
2. I understand that animals showing any signs of, or having recent exposure to, contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:

- SKIN: Visible evidence of skin infections such as ringworm, warts, mange, lice, and club lamb fungus.
HEAD: Discharge from the eyes or nose or evidence of soremouth, pinkeye, atrophic rhinitis, caseous lymphadenitis.
RESPIRATORY: Infectious respiratory disease (pneumonia)
INTESTINAL: Diarrhea
FEET: Contagious hoof infections such as footrot. Exhibition of lame animals is discouraged.
OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude livestock from exhibition.



- 3. I have read and understand the above guidelines.
4. I have visually examined the animals I am presenting.
5. I agree not to present for exhibition animals having any known recent (21 day) exposure to any contagious or infectious disease conditions that would exclude livestock from exhibition.

- 2. I understand that animals showing any signs of, or having recent exposure to, contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:

- SKIN: Visible evidence of skin infections such as ringworm, warts, mange, lice, and club lamb fungus.
HEAD: Discharge from the eyes or nose or evidence of soremouth, pinkeye, atrophic rhinitis, caseous lymphadenitis.
RESPIRATORY: Infectious respiratory disease (pneumonia)
INTESTINAL: Diarrhea
FEET: Contagious hoof infections such as footrot. Exhibition of lame animals is discouraged.
OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude livestock from exhibition.

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

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

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

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

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

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

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



Equine Exhibitor's Self Certification of Animal Health

I, the undersigned, hereby verify the following:
(Parent or guardian must sign for children under age 18)

2. I understand that any equine showing any signs of or having recent exposure to, contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:

- SKIN: Visible evidence of skin infections (bacterial or fungal) with particular emphasis on ringworm.
HEAD: Discharge from the eyes or nose which is excessive in amount or opaque (yellow or white in color) as opposed to the normal clear nasal discharge commonly seen after exercise.
RESPIRATORY: Signs of infectious respiratory disease such as fever, coughing, labored breathing, increased respiratory rate and nasal discharge.
INTESTINAL: Evidence of diarrhea which is watery and/or persistent in nature and more profuse than a looser stool which could be attributed to diet or nervousness.
FEET: Horses exhibiting any type of unsoundness are already excluded from showing by the rules governing horse for shows.
OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude equine from exhibition.

(as applicable) of the equine identified on the document.

ing recent exposure to, contagious or infectious disease. These conditions include but are not limited to

(bacterial or fungal) with particular emphasis on

excessive in amount or opaque (yellow or white) nasal discharge commonly seen after exercise. disease such as fever, coughing, labored breathing, increased respiratory rate and nasal discharge. Animals originating from premises where there is current infectious respiratory disease and animals with any known exposure to show for a minimum of 21 days after exposure. Infectious respiratory disease shall include but not be limited to Influenza,

respiratory and/or persistent in nature and more severe than that attributed to diet or nervousness. Horses already excluded from showing by the rules governing horse for shows.

any contagious or infectious disease conditions.

Exhibit.

any signs of contagious or infectious disease, or any contagious or infectious disease.

Event

Event

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

Date of inspection: Number inspected Signature

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



#	Band #	Series of Band #	Age	Sex	Breed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

#	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)



Rabbit Exhibitor's Self Certification of Animal Health

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:

#	Tattoo	Registry Name or #	Date of Birth	Sex	Breed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

conditions that would exclude rabbits from exhibition. ***Viral Hemorrhagic Disease (VHD)***

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)

Signs of Contagious & Infectious Diseases

Signs of disease:

- Well-demarcated hair loss
- Growths/lumps/bumps
- Thick nasal discharge (not clear)
- Eye squinting, discharge, cloudiness
- Coughing, difficulty breathing
- Limping, not bearing weight
- Manure around tail, perineum, back legs
- Droopy ears, lethargic



**If you see any of these,
contact your fair veterinarian,
MDA AH, or your animal
health committee!**

SKIN



Image 10. Bovine warts



Image 11. Bovine Ringworm



Image 12. Poultry Lice



Image 13. Swine Mites



Image 14. Sheep Ringworm



Image 15. Rabbit Ear Mites

HEAD



Image 16. Goat Caseous Lymphadenitis

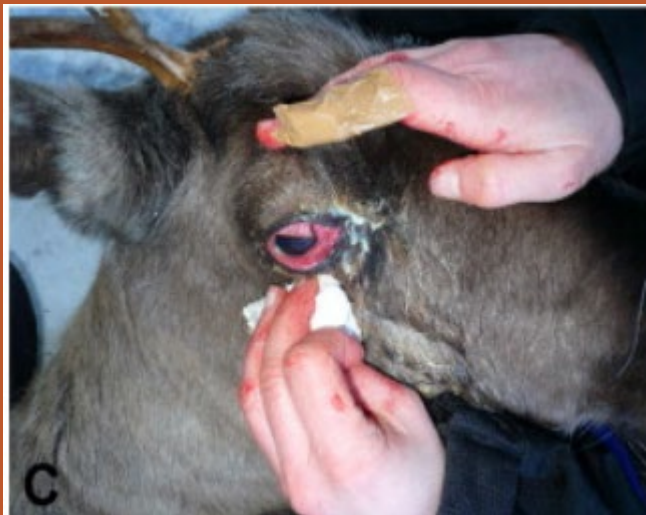


Image 17. Goat Pinkeye



Image 18. Equine Strangles



Image 20. Equine Nasal Discharge

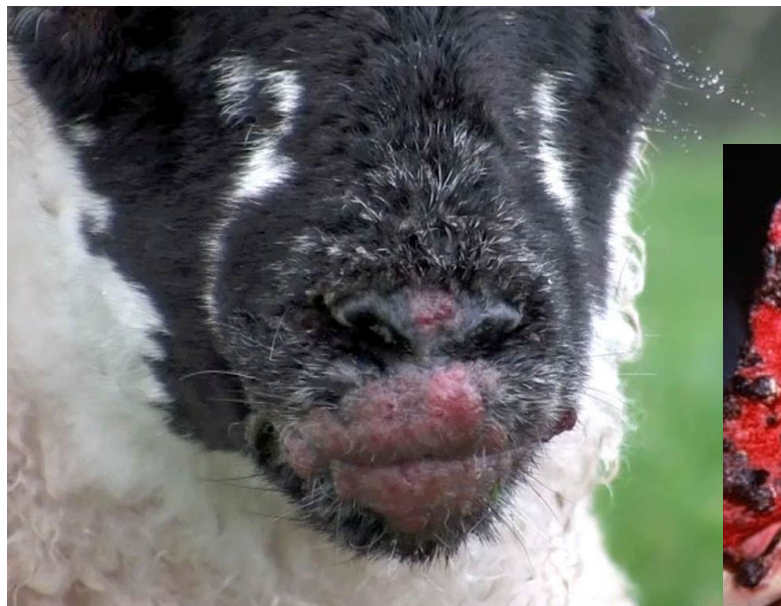


Image 19. Sheep Soremouth



Image 21. Rooster Fowl Pox



Image 22. Chicken Mycoplasma

RESPIRATORY



Image 23. Chicken Respiratory

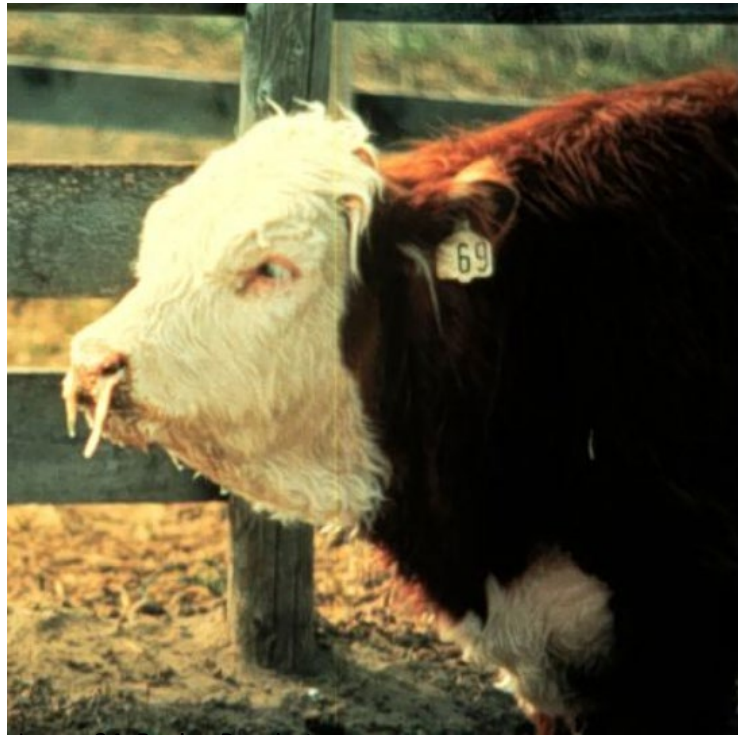


Image 24. Bovine Respiratory

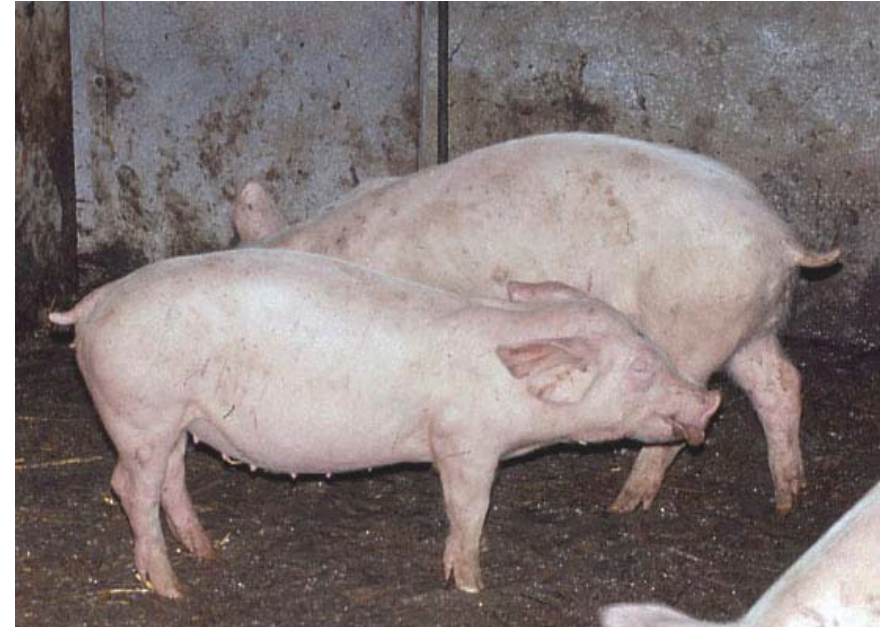


Image 26. Swine Respiratory

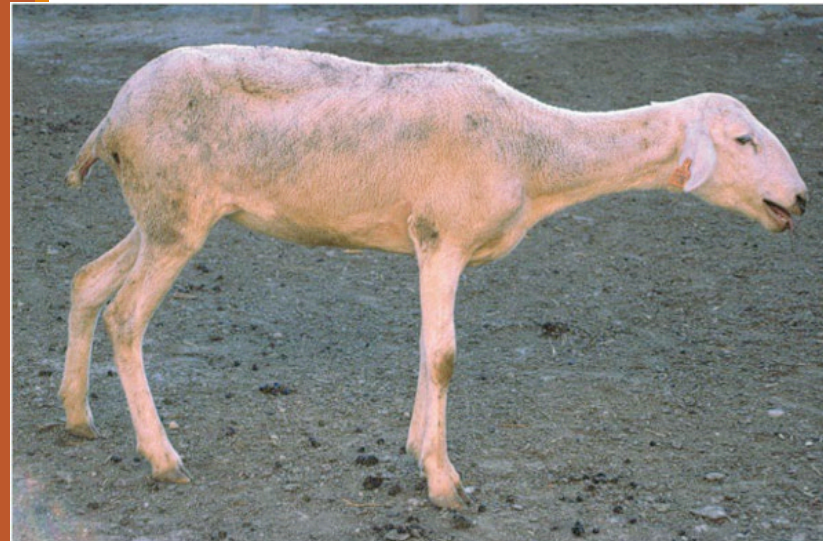


Image 25. Sheep Respiratory

INTESTINAL



Image 27. Sheep Diarrhea



Image 28. Goat Diarrhea



Image 29. Swine Diarrhea



Image 30. Equine Diarrhea

FEET



Image 31. Foot rot 1



Image 32. Foot rot 2

Check-in Procedure



1. All animals are examined for signs of contagious or infectious disease, including but not limited to the following:

Species:	Total Number Checked-in:
Cattle	
Swine	

Fair/Show name and location: _____

Person(s) responsible for check-in: _____

Signature: _____ Date: _____

- b. Sheep and goats can have USDA-approved scrapie tags OR registration papers with tattoos or microchips OR RFID tags.
- c. Alpacas/llamas must have a metal ear tag or microchip.

Person(s) responsible for check-in: _____

Signature: _____ Date: _____



3. All **out-of-state** exhibitors have a Certificate of Veterinary Inspection (CVI) for all of

Total number of equine checked in: _____

Were any animals or exhibitors rejected? Yes No

Please complete the After Action Report with information regarding rejected animals/exhibitors.

Fair/Show name and location: _____

Person(s) responsible for check-in: _____

Signature: _____ Date: _____

species are present at the fair/show.

Fair/Show name and location: _____

Person(s) responsible for check-in: _____

Signature: _____ Date: _____



Species:	Total Number Checked-in:
Rabbits	
Poultry	

Were any animals or exhibitors rejected? Yes No

Please complete the After Action Report with information regarding rejected animals/exhibitors.

Fair/Show name and location: _____

Person(s) responsible for check-in: _____

Signature: _____ Date: _____

Suggestions

- Check at gate/as animals are unloading
 - Look for signs of disease, check tags and paperwork
 - Any issues → stay on trailer and go home
- Check at weigh in
 - Animals are already comingled at this point so this not ideal but it is easier to examine animals fully
- Have a designated area for quarantining animals (shaded, away from all other animals)
 - To hold animals until someone else can look at them or until they can get transportation off of fairgrounds

Animal/Exhibitor Rejection

6. **ANIMAL REJECTION POLICY.** Animals may be rejected from an exhibition, either denied entry or removed from the exhibition, as described below:
- a. **FAILURE TO PROVIDE COMPLETED DOCUMENTATION IS GROUNDS FOR REJECTION.**
 - b. **FOR A SKIN LESION SUSPICIOUS OF RINGWORM TO BE CONSIDERED NO LONGER CONTAGIOUS TO OTHER ANIMALS OR PEOPLE, NEW WOOL OR HAIR MUST COMPLETELY COVER THAT LESION.**
 - c. Livestock with clinical signs of infectious or contagious diseases or external parasites are not permitted entry or allowed to remain at the exhibition. Clinical signs include but are not limited to: active lesions of ringworm with resulting loss of hair, sore mouth, sore nose, caseous lymphadenitis, mange, or multiple warts easily visible without close examination.
 - d. Suspicion of communicable disease is adequate grounds for rejection. Confirmed diagnosis is not required, since timely removal of suspicious animals is required by law to protect the remaining animals.
 - e. Exposed animals may be rejected: If it is believed that there is a potentially serious communicable disease present, all animals originating with the suspect animal may be rejected. Vesicular diseases are of particular concern.
 - f. All decisions are final.
 - g. All parties involved will be notified of all rejections, including exhibit sponsors and supervisors.
 - h. Animal rejections can be made by MDA Animal Health veterinarians or field inspectors, private veterinarians contracted by the show, Maryland Extension employees, or individuals designated by the fair or show as a 'responsible person.'

Tips for rejections

- If you see something that you SUSPECT could be a contagious/infectious disease, consult with your other fair inspection committee members, MDA AH, a veterinarian contracted by the fair, or whoever else is responsible for decision-making
- MDA AH will provide a contact list for inspectors and veterinarians. Please contact us immediately for assistance. We can even look at photos/videos to
- Record the name and contact information of exhibitor, animal ID and brief description of the problem
- If possible, send the animal home immediately. If not, put the animal in a designated quarantine zone away from other animals and people until a final decision is made and it can be taken home.
- Have a copy of the fair and show regulations on hand to show the rejection policy if needed.

Other MDA Documents



Maryland Department of Agriculture

animalhealth.mda@maryland.gov

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

MARYLAND FAIR & SHOW AFTER ACTION REPORT

EVENT NAME: _____

DATE(S) OF EVENT: _____

ANIMALS INSPECTED BY: _____

ANIMALS/EXHIBITORS REJECTED:

REASON FOR REJECTION:

ADDITIONAL FINDINGS OR CONCERNS:

SIGNED:

EVENT INSPECTOR DATE: _____

MDA AH's Role

- Enforce regulations
- Assist with decision-making
- Serve as a resource

Image Sources

- Image 1. Sheep Registration Form (https://suffolks.org/wp/wp-content/uploads/2022/08/registration_Page_1-768x593.png)
- Image 2. Sheep Tattoo (<https://www.premier1supplies.com/a/how-to-apply-livestock-tattoos>)
- Image 3. Goat Tattoo (<https://bpb-us-e1.wpmucdn.com/blogs.cornell.edu/dist/5/6103/files/2020/02/flock-herd-health-mgmt.pdf>)
- Image 4. Goat Registration Form (<https://adga.org/instructions-for-registering-a-dairy-goat/>)
- Image 5. Metal Ear Tag (https://www.aphis.usda.gov/traceability/downloads/ADT_device_nues.pdf)
- Image 6. Rabbit Tattoo (<https://ohioline.osu.edu/factsheet/4h-35>)
- Image 7. Coggins Example 1 (<https://www.nps.gov/yell/planyourvisit/coggins-test-info.htm>)
- Image 8. Coggins Example 2 (<https://extension.psu.edu/what-is-a-coggins-test>)
- Image 9. Goat Registration 2 (<https://goddardfarm.com/>)
- Image 10. Bovine Warts (<https://www.nadis.org.uk/disease-a-z/cattle/lymphatic-and-other-tumours-in-cattle/#Warts>)
- Image 11. Bovine Ringworm (<https://www.msd-animal-health.ie/species/cattle/ringworm>)
- Image 12. Poultry Lice (<https://www.rangioravetcentre.co.nz/fah-poultry-lice>)
- Image 13. Swine Mites (<https://showpig.com/forums/viewtopic.php?t=44715>)
- Image 14. Sheep Ringworm (<https://peritumagri.com/stride/mod/page/view.php?id=9982>)
- Image 15. Rabbit Ear Mites (<https://web.as.miami.edu/hare/furloss.html>)
- Image 16. Goat Caseous Lymphadenitis (<https://salecreek.vet/three-diseases-all-goats-owners-should-be-aware-of-test-for-and-work-to-prevent>)
- Image 17. Goat Pinkeye (<https://www.sciencedirect.com/topics/immunology-and-microbiology/mycoplasma-conjunctivae>)
- Image 18. Equine Strangles (<https://www.veterinary-practice.com/article/strangles>)
- Image 19. Sheep Soremouth (<https://www.merckvetmanual.com/integumentary-system/pox-diseases/contagious-ecthyma-in-sheep-and-goats>)
- Image 20. Equine Nasal Discharge (<https://thehorse.com/159833/the-latest-on-strangles-in-horses/>)
- Image 21. Rooster Fowl Pox (<https://www.merckvetmanual.com/poultry/fowlpox/fowlpox-in-chickens-and-turkeys>)
- Image 22. Chicken Mycoplasma (<https://www.thepoultrysite.com/publications/diseases-of-poultry/183/mycoplasma>)
- Image 23. Chicken Respiratory (<https://za.virbac.com/home/every-health-care/pagecontent/every-advice/respiratory-diseases.html>)
- Image 24. Bovine Respiratory (<https://www.merckvetmanual.com/multimedia/image/bovine-respiratory-disease-clinical-signs>)
- Image 25. Sheep Respiratory (<https://www.flockandherd.net.au/sheep/reader/respiratory-tract-diseases-spain.html>)
- Image 26. Swine Respiratory (<https://www.nadis.org.uk/disease-a-z/pigs/respiratory-disease-in-growing-pigs-module/part-1-acute-respiratory-disease/>)
- Image 27. Sheep Diarrhea (<https://www.nadis.org.uk/disease-a-z/sheep/gastrointestinal-nematode-infestations-in-sheep/>)
- Image 28. Goat Diarrhea (<https://www.sheepandgoat.com/scours>)
- Image 29. Swine Diarrhea (<https://porkgateway.org/resource/bloody-scours-swine-dysentery-recognition-awareness-diagnosis/>)
- Image 30. Equine Diarrhea (https://www.researchgate.net/figure/Diarrhoea-in-a-foal-infected-with-equine-group-A-rotavirus-photographs-taken-by-Dr_fig2_350082985)
- Image 31. Foot rot 1 (<https://www.aces.edu/blog/topics/animals-urban/managing-foot-rot-and-scald-in-goats-and-sheep/>)
- Image 32. Foot rot 2 (<https://www.extension.purdue.edu/extmedia/As/As-596-footrot.pdf>)

Additional Training Resources

https://prepare2respondprogram.org/local/about_yqca.php

Contact Us

- MDA AH Headquarters
 - 410-841-5810
 - Animalhealth.mda@maryland.gov
- Frederick Animal Health Lab
 - 301-600-6111
 - AHFrederick.mda@maryland.gov
- Salisbury Animal Health Lab
 - 410-543-6610
 - AHSalisbury.mda@maryland.gov
- Dr. Leanna Koval – Field Veterinarian
 - 667-270-2650
 - Leanna.koval@maryland.gov
- Dr. Marla Stevens – Field Veterinarian
 - 443-829-9899
 - Marla.stevens@maryland.gov



Thank you!
Questions?
