



Maryland Department of Agriculture

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



Rabbit 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 rabbit(s) identified on this form.
2. I understand that rabbits 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. **SKIN & HEAD:** No visible evidence of skin infections, discharge from the eyes or nose, or excessive head shaking with particular emphasis on ear mites, fur mites, Myxomatosis, and ringworm.
 - b. **REPRODUCTIVE:** No signs of sexually transmitted diseases with particular emphasis on syphilis.
 - c. **RESPIRATORY:** No signs of infectious respiratory disease such as sneezing, white nasal discharge or excessive tearing which are all common signs of snuffles, usually caused by *Pasteurella* bacteria.
 - d. **INTESTINAL:** No evidence of soft droppings, soiling on the rump or hocks, consistent with diarrhea.
 - e. **OTHER:** Recent exposure to or clinical signs of any contagious or infectious disease conditions that would exclude rabbits from exhibition, such as Viral Hemorrhagic Disease (VHD).
3. I have read and understand the above guidelines.
4. I have visually examined the rabbit(s) I am presenting for exhibition.
5. I agree not to present for exhibition rabbits 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.

Tattoo	Registry Name or #	Date of Birth	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 _____

Date of inspection: _____ Number inspected _____ Signature _____
Printed Name _____ Event _____