



## Cavy 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 cavy(ies) identified on this form, have been visually examined.
2. I understand that cavies 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 condition include but are not limited to the following:
  - o SKIN & HEAD: No visible evidence of skin infections, discharge for the eyes or nose or excessive head shaking with particular emphasis on *Ear mites, Fleas, Fur mites*.
  - o RESPIRATORY: No signs of infectious respiratory diseases such as sneezing, wheezing, nasal discharge or difficulty breathing.
  - o INTESTINAL: No evidence of soft droppings, soiling on rump consistent with *Diarrhea*.
  - o OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude cavies from exhibition, including *Bumblefoot*.
3. I have read and understand the above guidelines.
4. I have visually examined the animals I am presenting for exhibit.
5. I agree not to present for exhibition cavies showing any signs of contagious or infections disease.

#	Ear Tag	Breed	Group	Sex	Color Variety
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Date of Inspection: \_\_\_\_\_ Number Inspected: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Event: The Miami-Dade County Fair & Exposition

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (if exhibitor is under age 18)