



Miami-Dade County Fair and Exposition, Inc.

Exhibits Department, 10901 Coral Way, Miami, Florida 33165

Rabbit Exhibitor's Self Certification of Animal Health

Name of Owner: _____

Address: _____ Apt. #: _____

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 rabbit(s) identified on this form, have been visually examined.
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 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, Myxomatosis, and ringworm.**
 - o REPRODUCTIVE: No signs of sexually transmitted diseases with particular emphasis on **Syphilis.**
 - o RESPIRATORY: No signs of infectious respiratory diseases such as sneezing, white nasal discharge or excessive tearing which are all common signs of **Snuffles.**
 - o INTESTINAL: No evidence of soft droppings, soiling on rump or hocks consistent with **Diarrhea.**
 - o OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude rabbits from exhibition. **Viral Hemorrhagic Disease (VHD)**
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 rabbits showing any signs of contagious or infections disease.

#	Tattoo	Name or Reg #	Date of Birth	Sex	Breed
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

Advisor Signature: _____ Date: _____