

Self-Certification of Poultry Health Instruction Sheet

Block 1

- Exhibitor name
- Address
- Telephone number
- Poultry premises registration number
- Number of poultry in entire flock

Block 2

- Exhibiting 10 or fewer birds:**
 1. Band Number
 2. Band series as recorded on Avian Influenza and Pullorum Typhoid test sheets
 3. Age
 4. Sex
 5. Breed
- Exhibiting more than 10 birds:**
 1. Band number: Leave blank
 2. Band series: List as recorded on Avian Influenza and Pullorum Typhoid test sheets
 3. Age: Leave blank
 4. Sex: Leave blank
 5. Breed: List up to 10

Block 3

- Inspection of exhibition poultry:
 1. Visual examination under listed categories (feathers, head, respiratory and intestinal)
 2. Entire flock examination and flock health history are to be used to evaluate (other) category. Contact the MDA Animal Health Regional Office to report clinical signs of any contagious or infectious disease conditions.
 3. Unusual or unexplained mortality within 30 days contact the MDA Animal Health Regional Office to report.
 4. Verify and date Avian Influenza and Pullorum-Typhoid test results
- Inspection results: Do not present for exhibition any birds from flocks showing signs of disease or have a current history (21 days) of disease.** Immediately contact MDA Animal Health Regional Office to report clinical signs of any contagious or infectious disease conditions including unusual or unexplained mortality.

Block 4

- Signature of person who visually examined birds and has knowledge of current flock health history or verification signature by parent or guardian of children under age 18.
- Self-Certification of Poultry Health form is valid for the current poultry show only. A new form shall be completed for each show attended.
- Present Self-Certification of Poultry Health along with Avian Influenza and Pullorum-Typhoid tests sheets to the poultry show superintendent upon arrival.



Self-Certification of Poultry Health

This Certificate Must Accompany ALL Eligible Animals to ALL Maryland Poultry Shows.
This is not an Interstate Certificate.

Name of Owner _____ Premises #: _____ Block 1				
Address _____				
Telephone number _____ No. of Poultry on Premises _____				
Leg Band No.	Leg Band Number Series	Age	Sex	Breed Block 2
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Inspection of Poultry (Check boxes if clear of visual signs) Block 3 <input type="checkbox"/> FEATHERS: No signs of loss of feather, feather picked, soiled hackle feathers or evidence of egg clusters commonly caused by <i>Lice</i> or <i>Mites</i> . <input type="checkbox"/> HEAD: No signs of swelling or puffiness on the head. No watery, large or swollen eyes and or crust on the eye lids commonly caused by <i>Mycoplasma</i> or <i>Fowl pox</i> . <input type="checkbox"/> RESPIRATORY: No signs of infectious respiratory diseases such as nasal discharge, rattling cough or distressed breathing commonly caused by <i>Infectious Bronchitis</i> or <i>Laryngotracheitis</i> . <input type="checkbox"/> INTESTINAL: No evidence of pasted vents, chalk-white feces or internal parasites consistent with <i>Diarrhea</i> . <input type="checkbox"/> OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude poultry from exhibition. <input type="checkbox"/> NO unusual mortality in the last 30 days. Poultry Tests Required for Exhibition (Check and date) <input type="checkbox"/> Avian Influenza Testing _____ <input type="checkbox"/> Pullorum-Typhoid Testing _____				
I, the owner/authorized caretaker/transporter, of the poultry identified above have visually examined these birds and observed no signs of contagious or infectious disease and have no knowledge of recent (21 day) exposure to any contagious or infectious diseases. Block 4				
Signature (Parent or guardian must sign for children under age 18)			Date	
<small>Please Note: This certificate of inspection shall accompany valid Avian Influenza, Pullorum-Typhoid and Premises Registration documents and must be filled out for each individual show.</small>				
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