## **RABBIT HEALTH STATEMENT**

## Form Due at Time of Check-In for the Rabbit Show

This completed form will be necessary for all rabbits entered in this year's county 4-H Rabbit Show. It is meant to assure everyone that only healthy rabbits are exhibited on show day and to provide precautions against infecting someone's healthy rabbits while at the Fair.

Name of	Exhibitor						
4-H Club							
Address_							
Parents N	lame						
I plan to l	oring(number)	rabbits to t	his year's Ster	bhenson County 4	-H Rabbit Sh	IOW.	
Rabbits h	ave been inspe	ected and have	been found fre	ee of: (check if ok)			
ea	r infections	skin in	fections _	runny noses	s c	other ailments	
Ra	bbits toenails l	have been clipp	bed.				
To the be	st of my know	ledge, my rabb	its are healthy	and will not prese	ent a health p	problem while at	the 4-H Fair.
(4-H Member Signature) (Parent Signature)							
permane	nt tattoo. Ot	her rabbits sh	ould have ow	on marking in it mer's initials and toos for all rabbi	l a number i		
My rabbits may be identified by the following mark and the marking will (Initials & number)							
in the foll	-	heck one)		left ear.			
Please lis	t markings for	each animal yo	ou plan to bring	g to the Fair.			
Buck	Doe	Market	Fryer	Buck	Doe	Market	Fryer
Buck	Doe	Market	Fryer	Buck	Doe	Market	Fryer
Buck	Doe	Market	Fryer	Fancy Thr	ee markings		