# 4-H POULTRY, RABBIT, OR CAVY HEALTH FORM

**NEW JERSEY**
DEPARTMENT OF AGRICULTURE

This form is to be completed by the 4-H leader or other qualified adult within 30 days prior to the exhibition of any of the above animals at a 4-H Fair show or demonstration. A separate form must be completed for each type of animal. This form is not to be used if the above animals are on the same premises with commercial animals of the same type. In that case, a health chart prepared by an accredited veterinarian must be issued within 30 days prior to the show.

**Name of Owner** _____

**Address**_____

**Telephone number**_____**Type of Animal**_____

**Number of animals on premises**_____

| Environment and housing of animals | YES | NO |
|---|---|---|
| 1.  Are cages, coop, or hutches dirty? | | |
| 2.  Is area about cages, coop, or hutches dirty or is trash left lying around? | | |
| 3.  Is bedding dirty or inadequate? | | |
| 4.  Is water supply dirty or inadequate? | | |
| 5.  Do unwanted pests have access to stored feed? | | |
| 6.  Is feed fed in a dirty manner? | | |
| 7.  Have the animals been in the possession of the owner for less than 30 days? | | |
| **Appearance of animals** | **YES** | **NO** |
| 8.  Do animals have swollen, runny, or clouded eyes? | | |
| 9.  Is skin/feathers dirty or abnormal appearing? | | |
| 10. Do animals have discharge from the nose? | | |
| 11. Do feet appear abnormal? | | |
| 12. Does breathing appear abnormal? | | |
| 13. Are there signs of diarrhea? | | |
| | | |

**(Check one)** ☐ **I recommend approval to show at:**

_____ on _____
**Place**                                         **Date**
(This recommendation may be made if all of the above answers are "no")

☐     **I recommend that this animal have written veterinarian's approval to show.**
(This recommendation must be made if any of the above answers are "yes" or if the inspector has any concerns about the health or care of the animal).

**I certify that to the best of my knowledge the above information is true and correct.**


_____     _____
**Signature of Inspector**                            **Date**