



Rabbit & Cavy Health Record
 (Completed form **REQUIRED TO UNLOAD ANIMALS** at Manistee Co. Fair)



4-H Youth Producer Information:	
4-Her Name:	County Registered:
Address:	
Phone #:	4-H Club:

	Market Rabbit Name	Breed	Tattoo #
1			
2			
3			
	Show Rabbit/Cavy Name	Breed	Tattoo #
4			
5			
6			
7			
8			
9			
10			

Other Medications and Supplements		
Medication/Supplement:	Date Given:	Reason:

I certify that I produced these rabbit pens in a safe and healthy way. These rabbit pens were not fed any prohibited mammalian protein (i.e., meat and bone meal), per FDA regulations CFR 21. I have listed **ALL** products and treatments these rabbit pens received while in my care and have followed all withdraw times listed on the products/treatments.

4-Her Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____