

# WHATCOM COUNTY YOUTH FAIR

## POULTRY HEALTH CHECK FORM



**DO NOT RETURN AN ANIMAL WITHOUT FAIR MANAGER APPROVAL — NO MATTER HOW OBVIOUS THE ISSUE.**

**Whenever possible, animals should be checked outside of the barn.**

If any issues listed below are observed, **leave the animal in its original location** (ex: trailer) and do NOT unload.

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### ALL HEALTH CHECKS

1. Use **fresh disposable gloves for each animal**.
  2. Checks must be performed by an **Adult Superintendent or Fair Volunteer age 18+**.
  3. **One person per division** should complete all checks for consistency.
  4. Practice **biosecurity** — avoid moving between species areas without washing hands or changing gloves.
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### POULTRY HEALTH CHECK LIST

Check each bird carefully for the following:

#### Respiratory / Illness Signs

- ☐ Sneezing, coughing, wheezing, or open-mouth breathing
- ☐ Nasal or eye discharge
- ☐ Swelling around eyes, face, comb, or wattles
- ☐ Discolored (blue/purple) comb or wattles

#### Behavior / Condition

- ☐ Depression, lethargy, not alert
- ☐ Weakness, inability to stand, paralysis
- ☐ Listing to one side, loss of balance
- ☐ Thin body condition / weight loss

#### Mobility

- ☐ Lameness
- ☐ Swollen joints or toes

#### Digestive

- ☐ Diarrhea or soiled vent feathers

#### Skin / Feathers

- ☐ External parasites (mites, lice)
- ☐ Feather loss not related to normal molt
- ☐ Scabs, unhealed wounds, pecking injuries

**Other Concerning Signs**

- ☐ Sudden death in birds from same group (ask exhibitor)
- ☐ Decreased appetite or water intake
- ☐ Any unusual swelling or growths

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**REQUIRED DOCUMENTATION**

- ☐ List of current vaccinations required for your division (if applicable)
- ☐ Proper identification as required by fair rules


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 **IF ANY SIGNS ABOVE ARE PRESENT:**

**DO NOT UNLOAD THE ANIMAL.**

Immediately contact the **WCYF Fair Manager** or Olivia with Kulshan Vet.

**Janel Black**

 360-303-4171

**DIVISION:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**HEALTH CHECK PERFORMED BY:** \_\_\_\_\_

**MANAGER APPROVAL:** \_\_\_\_\_

PLEASE PRINT! FORM MUST BE TURNED IN TO WCYF OFFICE AFTER CHECK IN

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