DEPARTMENT 10 – 4-H RABBITS

Deborah Rose – Superintendent
Diane Clark – Co-Superintendent

EXHIBITOR REGISTRATION INFORMATION

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE REQUIRED INFORMATION. **
Premium checks will be held at the fair office due to illegible/insufficient address

***Exhibitor Name:** _____

****Phone Landline & Cell:** _____

****Address:** _____

****City:** _____ **Zip:** _____

****Exhibitor Birthdate & Age (Exhibitors under 18):** _____

In Case Of An Emergency PLEASE PRINT
The Following Information is Reguired By Our Insurance Provider

****Name:** _____

****Relationship to Exhibitor:** _____

****Phone or Cell:** _____

As The Parent/Guardian Of The Above-Named Exhibitor I Authorize The Person Named Below To Assume Responsibility Of My Child Should I Not Be Able To Be Present.

****Name:** _____

****Phone or Cell:** _____

****Signature Of Parent/Guardian:** _____

****SIGNATURE OF PARENT/GUARDIAN:** _____

RABBIT

DEPARTMENT 10 – 4-H & VOCATIONAL
RABBITS

ENTRY FORM

Entries Close: Wednesday, July 15, 2026

Registration is $5.00 Per Head

YOU ARE RESPONSIBLE TO BRING THE VETERINIAN CLIENT PATIENT FORM AT CHECK-IN.

- No Rabbits will be allowed to exhibit without the required VCPR paperwork fillout and signed by your vet.
- Registrations will not be accepted after due date unless approved by the Fair Office.
- Animals registered but not exhibited will be penalized $25. The penalty will be charged to the exhibitor.
- Entries cancelled on or before Aug. 15th must be of written email notification to ccfair.verizon.net and will not be penalized.
- Livestock Vehicle Passes are handled by Tim Mullen
- PENS ARE ASSIGNED ACCORDING TO AVAILABLE SPACE. NOTE SPECAL REQUESTS ON THIS FORM.

_____

DO NOT CLASS MARKET ANIMALS. CLASSES WILL BE DETERMINED AT WEIGH IN

Depart.	Section	Class	TAG #'s	Description	Fees
10	906	25		PEN DECORATIONS	
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$

I HAVE READ AND AM AWARE OF ALL THE RULES AND REGULATIONS.

I understand as an exhibitor it is my responsibility to care for my animal throughout fair week and that I am solely responsible for any loss, injury, damage done or occasioned by or arising from any exhibit I have entered. I shall indemnify and hold harmless the American Legion County Fair against such loss, injury or damage.

I Agree to Abide by the Code of Show Ring Ethics & Understand that all Judge Decisions Are Final.

**EXHIBITOR SIGNATURE: _____

**IF UNDER THE AGE OF 18 PARENT/GUARDIAN SIGNATURE: _____

RABBIT

Pennsylvania
Department of Agriculture
Bureau of Animal Health and Diagnostic Services

Veterinarian Client Patient Relationship (VCPR) Verification Form

Part 1 to be completed by the owner or caretaker of the animal(s):

I, the undersigned, hereby verify the following:

1. I am the owner or caretaker of the animal(s) listed. *Use additional sheets as necessary.*

Official Animal ID/Other ID (list all IDs, including name*)	Breed	Sex	Age	Species	Vaccines/Tests (include name of test or product, date, results, etc.)

*If the animal has no official ID, please include a description, including color and all markings.

2. I have an established, ongoing "veterinarian client patient relationship " for the animal(s) described in the preceding paragraph with

_____ (print veterinarian's name), a licensed practitioner of veterinary medicine having the following business address:

_____

_____

3. I understand this ongoing "veterinarian client patient relationship" to be a relationship in which the veterinarian named above has assumed the responsibility for making veterinary medical judgments regarding the health of the animal(s) listed and the need for veterinary medical treatment of said animal(s), and in which I, as owner and/or caretaker of the animal(s), have agreed to follow the instructions of the veterinarian in relation to zoonotic diseases.

4. I attest and affirm that a "veterinarian client patient relationship" – as that phrase is defined in the Veterinary Medical Practice Act and any amendments thereto – "exists with regards to the animals I will be exhibiting."

I verify the foregoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa.C.S.A. § 4904 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this

Owner initials _____ Vet initials_____

Bureau of Animal Health & Diagnostic Services
2301 N. Cameron St. | Harrisburg, PA 17110-9408 | Ste. 412 |717.772.2852 | www.agriculture.pa.gov

Pennsylvania
Department of Agriculture
Bureau of Animal Health and Diagnostic Services

verification below. If the owner/caretaker is under 18 years of age, the signature of a parent/guardian is required.

_____

Printed Name of Owner/Caretaker Signature of Owner/Caretaker Date

_____

Address of Owner/Caretaker

_____

Phone number of Owner/Caretaker

If the Owner/Caretaker is under 18 years of age the signature of a parent/guardian is required:

_____

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

_____

Address of Parent/Guardian

_____

Phone number of Parent/Guardian

Part 2 to be completed by the veterinarian:

I, the undersigned, hereby verify that I have a VCPR as defined below with the animal(s) and owner/caretaker identified on this form.

> **Veterinarian-client-patient-relationship (VCPR).** As defined in the PA Veterinary Medicine Practice Act, a relationship satisfying all of the following conditions: (i) the veterinarian has assumed the responsibility for making veterinary medical judgments regarding the health of an animal and the need for veterinary medical treatment, and the client, owner or caretaker of the animal has agreed to follow the instructions of the veterinarian; (ii) the veterinarian has sufficient knowledge of the animal to initiate at least a general, preliminary or tentative diagnosis of the medical condition of the animal; (iii) the veterinarian is acquainted with the keeping and care of the animal by virtue of an examination of the animal or medically appropriate and timely visits to the premises where the animal is kept; (iv) the veterinarian is available for consultation in cases of adverse reactions to or failure of the regimen of therapy; (v) the veterinarian maintains records on the animal examined in accordance with regulations established by the board.

_____

Printed Name of Veterinarian Signature of Veterinarian Date

_____

Phone number of Veterinarian Practice Name License number

This form shall be valid for no more than one year following the date of signature by the veterinarian. Copies should be retained by the owner/caretaker, veterinarian, and exhibition.

Owner initials _____ Vet initials_____

Bureau of Animal Health & Diagnostic Services
2301 N. Cameron St. | Harrisburg, PA 17110-9408 | Ste. 412 |717.772.2852 | www.agriculture.pa.gov