Instructions for filling out Exhibitor/Seller's Form

ALL exhibitors/sellers must submit this form prior to exhibiting or selling at AFRMA events (use as many pages/forms as needed). Three versions to send file:

- Form interactive so you can fill in then send as an e-mail attachment in the Adobe Acrobat PDF program – picture of envelope on top "Send file as email attachment"
- 2. Save the PDF file after you've filled in all the information and go to your e-mail and attach that saved file to an e-mail and send to us
- 3. If your Internet browser does not use Acrobat to view PDFs, download Adobe Acrobat to your computer, open the form in your browser and save the form, then open the form in Acrobat on your computer and fill out and send using the above instructions

AFRMA Exhibitor/Seller's Form

| TESTING | Tested Y N | Date Tested | # Tested | # Pos/#Neg | Total # Adults & Total # Weaned at time of testing | Testing Facility & type of test (PCR, IGG, IGM) |
|---|---------------|-------------|----------|------------|--|---|
| Mycoplasma | | | | | | |
| Seoul Hantavirus | | | | | | |
| SDAV | | | | | | |
| CAR Bacillus (CARB) | | | | | | |
| Sendai | | | | | | |
| Parvo (KRV) | | | | | | |
| Leptospirosis | | | | | | |
| Rat Minute Virus (RMV) | | | | | | |
| Lymphocytic Choriomeningitis virus (LCMV) | | | | | | |
| Panel of tests (list tests done) | | | | | | |
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| | | | | | | |
| Otherstead | | | | | | |
| Other tests | | | | | | |
| | | | | | | |
| Do you own wild rats/rodents? They must be tested for all diseases before the owner may show or sell at AFRMA events. | | | | | | |
| List other small animals owned (mice, rabbits, hamsters, cavies, etc.) | | | | | | |

Include 1 year of testing and/or obtaining new animals.

| New Animals brought in: ID, desc., BD | Date Got | From Whom (Name, Breeder Name, Address) | Tested Y/N | , what |
|---------------------------------------|--------------------------------|---|------------|------------------------------------|
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| | | | | |
| NAME | | DATE | | |
| ADDRESS | | | | |
| DITY | | STATE | _ZIP+4 | |
| PHONE () | | | | |
| E-MAIL | | | | Use as many pages/forms as needed. |
| RATTERY/MOUSERY NAME (include past | For Office Use Only | | | |
| SIGNATURE | Rec'd copy of test results Y N | | | |
| Form to be submitted prior to | Date | | | |