

Rabbitry Biosecurity Practice Verification Form

Rabbitry Name

Location/Address

Date of Assessment

Assessor Name

Biosecurity Practices Checklist

Practice	Yes	No	Comments
Controlled access to rabbitry premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shoes/equipment sanitized before entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Quarantine protocol for new/ill rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Regular cleaning of cages and premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pest control measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Records of animal health and treatments kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Feed stored to prevent contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dead animal disposal procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Other Observations/Notes

Assessor Signature

Date

