

Certification of prophylactic vaccination against paramyxovirus infection of pigeons

Pigeon owner (name and full address) – in case of loft partnerships all names:

Description of vaccine:

Date of vaccination: _____

This is to certify that all pigeons of the above-mentioned pigeon owner were vaccinated by me.

Stamp and vaccinating veterinary surgeon (name and full address)

Date and signature of vaccinating veterinary surgeon (**please sign in blue color**)

**Attention: Please return the original form to us. The veterinary
authorities don't accept telefaxes of photocopies.**