

# **Certification of prophylactic vaccination against paramyxovirus infection of pigeons**

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

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Description of vaccine:

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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)

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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.**