

LOFT VACCINATION CERTIFICATE

Batch Number		Expiry Date			Dose				
			/	/					
Ownership (vaccination cer	Certified that tificate.	I/We are t	the registere	ed owner/s	of the	pigeons	listed	in this	loft
Signature					Date		/	/	
Name				Lo	ft No [
Address									
Post Code									
Vaccination									
	ependent mem ied out vaccina		pigeons list	ed on this fo	orm wit	h the vac		b and l umber li	
Signature					Date		/	/	
Signature					Date		/	/	

Club/Vet's Stamp

Note: Vaccination must be carried out strictly in accordance with the Manufacturers Instructions issued with the vaccine which must be a Ministry Licensed Vaccine for pigeons.

	Ring Number		Ring Number		Ring Number
1		13		25	
2		14		26	
3		15		27	
4		16		28	
5		17		29	
6		18		30	
7		19		31	
8		20		32	
9		21		33	
10		22		34	
11		23		35	
12		24		36	

The original copy to be kept safely by the club. Duplicate copy to be kept by owner. Continue overleaf

NB: Witnesses:- You are required to sign the front and likewise after the last pigeon listed on this form.

	Ring Number		Ring Number		Ring Number
37		78		119	
38		79		120	
39		80		121	
40		81		122	
41		82		123	
42		83		124	
43		84		125	
44		85		126	
45		86		127	
46		87		128	
47		88		129	
48		89		130	
49		90		131	
50		91		132	
51		92		133	
52		93		134	
53		94		135	
54		95		136	
55		96		137	
56		97		138	
57		98		139	
58		99		140	
59		100		141	
60		101		142	
61		102		143	
62		103		144	
63		104		145	
64		105		146	
65		106		147	
66		107		148	
67		108		149	
68		109		150	
69		110		151	
70		111		152	
71		112		153	
72		113		154	
73		114		155	
74		115		156	
75		116		157	
76		117		158	
77		118		159	

NB: These forms should be retained by the club for two years.