

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

Pigeon owner (name and full address):  
In case of loft partnerships both names

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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**)

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