LOFT VACCINATION CERTIFICATE

Ownership

I / we certify that I am / we are the registered owner / s of the pigeons listed in this vaccination certificate. (delete as appropriate)

Name	Loft number
Address	
Postcode	
Signed	Date

Vaccine details

Brand	Vial size (doses)
Batch number	Expiry date
Purchased from	
Date of purchase	*Proof of purchase Yes / No

* This needs to be a receipt or invoice

The vaccine must be one approved under the Medicines Act 1968

Vaccination

This is to certify that I / we witnessed / carried out the vaccination of the pigeons listed in this vaccination certificate with the vaccine described above in accordance with the manufacturer's instructions, as issued with the vaccine.

Signature Date

Print name

Signature Date

Print name

LOFT VACCINATION CERTIFICATE

	Ring number		Ring Number		Ring number
1		34		67	
2		35		68	
3		36		69	
4		37		70	
5		38		71	
6		39		72	
7		40		73	
8		41		74	
9		42		75	
10		43		76	
11		44		77	
12		45		78	
13		46		79	
14		47		80	
15		48		81	
16		49		82	
17		50		83	
18		51		84	
19		52		85	
20		53		86	
21		54		87	
22		55		88	
23		56		89	
24		57		90	
25		58		91	
26		59		92	
27		60		93	
28		61		94	
29		62		95	
30		63		96	
31		64		97	
32		65		98	
33		66		99	

Prepared by D G Parsons MRCVS April 2023

LOFT VACCINATION CERTIFICATE

	Ring number		Ring Number		Ring number
100		133		166	
101		134		167	
102		135		168	
103		136		169	
104		137		170	
105		138		171	
106		139		172	
107		140		173	
108		141		174	
109		142		175	
110		143		176	
111		144		177	
112		145		178	
113		146		179	
114		147		180	
115		148		181	
116		149		182	
117		150		183	
118		151		184	
119		152		185	
120		153		186	
121		154		187	
122		155		188	
123		156		189	
124		157		190	
125		158		191	
126		159		192	
127		160		193	
128		161		194	
129		162		195	
130		163		196	
131		164		197	
132		165		198	