

UP NORTH COMBINE LIMITED
OFFICIAL LOFT VACCINATION CERTIFICATE

OWNERSHIP

Certified that I/we are the registered Owner(s) of the pigeons listed in this Loft Vaccination Certificate

Signed

Date

Name & Address

VACCINATION

Certified that I/we have witnessed/carried out the vaccination of pigeons listed below with:

Vaccine Dose Batch No Expiry Date

Name Signature Date

Name Signature Date

Name of Member of Partnership **Club & Fed**

Old bird vaccination sheets to be in the hands of Club and Federation Secretaries by 1st March
Young bird vaccination sheets to be in the hands of Club and Federation Secretaries by 1st June

	Ring Number		Ring Number		Ring Number		Ring Number
1		26		51		76	
2		27		52		77	
3		28		53		78	
4		29		54		79	
5		30		55		80	
6		31		56		81	
7		32		57		82	
8		33		58		83	
9		34		59		84	
10		35		60		85	
11		36		61		86	
12		37		62		87	
13		38		63		88	
14		39		64		89	
15		40		65		90	
16		41		66		91	
17		42		67		92	
18		43		68		93	
19		44		69		94	
20		45		70		95	
21		46		71		96	
22		47		72		97	
23		48		73		98	
24		49		74		99	
25		50		75		100	