

**THE ROYAL PIGEON RACING ASSOCIATION**

**LOFT VACCINATION CERTIFICATE**

**OWNERSHIP**

I/We certify that we are the registered owner(s) of the pigeons listed on this loft vaccination certificate.

Signed..... Date.....

Name..... Loft Number.....

Address.....

.....

.....

**VACCINATION**

We certify that we have witnessed / carried out vaccination of the pigeons listed overleaf with .....vaccine.

Batch no.....Expiry date.....Dose.....

Signature.....Date.....

Signature.....Date.....

**CLUB / VETS STAMP**

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**NOTE : Vaccination must be carried out strictly in accordance with the manufacturers instruction issued with the vaccine, which must be a vaccine approved for the purpose under the Medicines Act 1968.**

**ORIGINAL TO BE KEPT BY THE CLUB  
DUPLICATE COPY TO BE KEPT BY THE OWNER**

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