

VRPU REGISTRATION OF VACCINATION FOR PMV1 VIRUS YEAR 2019/2020

MEMBER/FLYER:

DATE OF VACCINATION 1:

DATE OF VACCINATION 2:

WITNESS OF VACCINATION:

I HEREBY CONFIRM MY VACCINATION OF MY PIGEONS FOR THE COMING RACE SEASON
IN ACCORDANCE WITH RULE 97 (2)

PRINT NAME:

CLUB:

SIGNED:

DATE: