

## Shoalhaven Pigeon Federation Owner Declaration - Vaccination of pigeons for PMV & ROTA viruses

This declaration must be completed as a condition of racing pigeons in the Shoalhaven Pigeon Federation Inc. before the start of each racing season. (2 weeks before 1<sup>st</sup> SPF sanctioned Toss)

Person making declaration	
Full name: (owner of pigeons)	
Address of owner: (residential or business)	Postcode:
Email:	Phone number:
Address where vaccinated pigeons are kept: (If same as address of owner write "as above")	

### Declaration by owner

#### I declare that:

1. The information contained in this declaration is true and correct to the best of my knowledge. I understand that if any information in this declaration is found to be false or misleading I may face disciplinary action by the Shoalhaven Pigeon Federation Inc.
2. All the pigeons owned by me that are kept at the address specified above have been vaccinated

1. Avian Paramyxovirus

☐

2 Rotavirus

☐

against **Avian Paramyxovirus** by receiving two vaccinations at least four weeks apart using a Newcastle disease vaccine with at least one of the vaccines being inactivated and **Rotavirus** using Rotavax inactivated vaccine.

- 3 the best of my knowledge all pigeons that are not owned by me but are also kept at the address specified above have been vaccinated against Avian Paramyxovirus and Rotavirus using Rotavax inactivated vaccine.as specified in paragraph 2 above.
- 4 I agree and acknowledge that the Shoalhaven Pigeon Federation Inc. and its office bearers are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of attendance of pigeons at a gathering or competition pursuant to said declaration.

Owner Signature

Witness signature

Print Name

Print Name

Date

Date