## **Shoalhaven Pigeon Federation Owner Declaration - Vaccination of pigeons**

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 \$PF sanctioned Toss)

Person making declaration					
Full name: (owner of pigeons)					
Address of owner:					
	sidential or business)				
(residential of business)				Postcode:	
Email:			Phone number:		
Address where vaccinated pigeons are kep			nt·	namber.	
(If same as address of owner write "as above					
(in came ac againsts of cirrier with ac above)					
Declaration by owner					
Laborate that					
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 r					
	disciplinary action by the Shoalhaven Pigeon Federation Inc.				
2					
۷.	All the pigeons owned by me that are are kept at the address specified above have been vaccinated 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.				
3.	To 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 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 this				
	declaration.				
<u>C.</u>			_		
Sig	Signature				
Pri	Print Name				
	1 IIIC Name				

Date