QUEENSLAND RACING PIGEON FEDERATION INC

PMV Vaccination Declaration

I, …….[Full Name], declare that the pigeons under my care have been vaccinated against Paramyxovirus (PMV).

The vaccination was carried out on ……..……..[Date] using an approved vaccine, in accordance with recommended guidelines.

I confirm that this information is true and correct to the best of my knowledge.

Club: _____

Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____