

SOUTH AUSTRALIAN CANARY & PIGEON SOCIETY Inc.

PIGEON OWNER DECLARATION - VACCINATION SHEET OF PIGEONS

This declaration must be completed as a condition for the exhibition of pigeons at the
CLARE SHOW
Entries will only be processed upon the return of this vaccination sheet

Person making the declaration :

<u>Full name (Owner of Pigeons)</u>	
<u>Address of Owner</u>	
<u>Phone :</u>	<u>Mobile :</u>
<u>Email :</u>	
Address where Pigeons are kept: - if same as address of owner put (as above)	

PLEASE SUPPLY :

1. <u>Name of Supplier of vaccine SAP&C</u>
2. <u>Batch numbers of vaccine used (if possible)</u>
3. <u>Expiry dates of vaccines (if available)</u>

DECLARATION BY OWNER :

I Declare That :

1. The information contained in this declaration is true and correct to the best of my knowledge.
2. All the pigeons owned by me that are more than 12 weeks old and 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 being inactivated.
3. To the best of my knowledge all pigeons more than 12 weeks old 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 acknowledge that the pigeons might become infected with Avian Paramyxovirus as a result of attendance at the CLARE SHOW, in which case premises may be quarantined in accordance with the Animal Diseases (emergency outbreak) Act 1991.
5. Should any bird in my loft/s indicate an illness in the period from the date of this declaration to the date of penning, I AGREE and ACKNOWLEDGE that the CLARE SHOW, its officials, employees and host club officials 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 the exhibition at the CLARE SHOW pursuant to this declaration.
6. If my birds are unvaccinated for Rota viruses due to a lack of vaccine, my birds are entered at my own risk.

PRINT NAME :

DATE :

SIGNATURE :