****SPIS GOŁĘBI MŁODYCH - 20…..

*DO MISTRZOSTWA ODDZIAŁU , OKRĘGU , REGIONU oraz MP*

*PZHGP Oddział -0222-* ***Stryków***  *Okręg:* ***ŁÓDŻ***

 Hodowca: **NR-………. -** ……………………………………………………….. Sekcja …………….

Adres zamieszkania: ……………………………………………………………………..

 Współrzędne gołębnika : szerokość ……0 ……’ ……’’ długość ……0 ……’ ……’’

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| **Lp.** | **Nr obrączki rodowej** | **Barwa** | Płeć |
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| **Lp.** | **Nr obrączki rodowej** | **Barwa** | Płeć |  |
| 26. |  |  |  |
| 27. |  |  |  |
| 28. |  |  |  |
| 29. |  |  |  |
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| 40. |  |  |  |

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 Gołębie zaszczepiono przeciwko Paramyxowirozie  Data złożenia spisu i podpis hodowcy

  szczepionką ………………………..... nr serii ………………… ……………………………………………….

 **Podpis i pieczątka Lek. Weterynarii**

  **Pieczęć i podpisy Zarządu**