****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 |
| 1 |  |  |  |
| 2 |  |  |  |
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| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
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| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
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| **Lp.** | **Nr obrączki rodowej** | **Barwa** | Płeć |  |
| 26. |  |  |  |
| 27. |  |  |  |
| 28. |  |  |  |
| 29. |  |  |  |
| 30. |  |  |  |
| 31. |  |  |  |
| 32. |  |  |  |
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| 49. |  |  |  |
| 50. |  |  |  |

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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**

 ****SPIS GOŁĘBI MŁODYCH – 20……

*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** |
| 51. |  |  |  |
| 52. |  |  |  |
| 53. |  |  |  |
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| **Lp.** | **Nr obrączki rodowej** | **Barwa** | **Płeć** |
| 76. |  |  |  |
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| 99. |  |  |  |
| 100. |  |  |  |

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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**