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Pieczęć nagłówkowa Oddziału

SPIS GOŁĘBI MŁODYCH do MP ........................... rok

**HODOWCA** ............................................................... Oddział ................................................................. Okręg …........……

Adres zamieszkania ul................................................................ Miejscowość ..............................................................................

Adres gołębnika ul....................................................................... Miejscowość ..............................................................................

Współrzędne geograficzne gołębnika ..........°..........’..........” N ..........°..........’..........” E Nr komp. Hod. .......................

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Data, pieczęć i podpis Lekarza Weterynarii Data i podpis hodowcy

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Nazwa szczepionki ……………………….………..

Seria i data ważności ……………………………....

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Data, pieczęć i podpis Lekarza Weterynarii Data i podpis hodowcy

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Seria i data ważności ……………………………....

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Data, pieczęć i podpis Lekarza Weterynarii Data i podpis hodowcy

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Sekretarz Prezes