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Pieczęć nagłówkowa Oddziału

SPIS GOŁĘBI DOROSŁYCH/MŁODYCH\* ........................... rok

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

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

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

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

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| **LP** | **Nr obrączki rodowej** | **Płeć** | **Barwa** | **Uwagi** |  | **LP** | **Nr obrączki rodowej** | **Płeć** | **Barwa** | **Uwagi** |
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| LP | Nr obrączki rodowej | Płeć | Barwa | Uwagi | LP | Nr obrączki rodowej | Płeć | Barwa | Uwagi |
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Data, pieczęć i podpis Lekarza Weterynarii Data i podpis hodowcy

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Nazwa szczepionki ……………………….………..

Seria i data ważności ……………………………....

# Za Zarząd

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Sekretarz Prezes