## **Owner Declaration - Vaccination of pigeons**

- 1. This declaration must be completed as a condition for the Exhibition of Pigeons at the 2025 Swan Hill Show.
- 2. Entries will only be processed upon the return of a vaccination declaration.

Date:

	Animal Diseases (Emergency Outbreaks) Act 1991		
	Person making declaration:		
	Full name: (owner of pigeons)		
	Address of owner: (residential or business)		
	Mobile:		
	Email:		
	Address where vaccinated pigeons are kept: (If same as address of owner write "as above")		
	Please supply:		
	1. Name of supplier of vaccine:		
	2. Batch numbers of vaccines used:		
	3. Expiry dates of vaccines:		
<u>De</u>	eclaration by owner		
l d	declare that:		
1.	,		
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 with at least one of the vaccines 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 a the address specified above have been vaccinated against Avian Paramyxovirus as specified in paragraph 2 above.		
4.	I acknowledge that there is a possibility that pigeons might become infected with Avian Paramyxovirus as a result of attendance at gatherings or competitions, in which case premises may be quarantined in accordance with the Animal Diseases (Emergency Outbreaks) Act 1991.		
5.			
6.	I agree and acknowledge that the Swan Hill District Agricultural Society, its employees and volunteers 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 attendance of pigeons at a 2025 Swan Hill Show, pursuant to this declaration.		
7.		ks following the Swan Hill Show, I will notify the Society	
Sig	gnature:		
Pri	Print Name:		









