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Nr. Komputerowy Hodowcy

**SPIS GOŁĘBI Dorosłych/Młodych 2019** rok

**Okręg Warszawa Oddział Warszawa Zachód 0482**

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Adres zamieszkania miejscowość/ulica ………………………………………………………………………..

Adres gołębnika miejscowość/ulica …………………………………………………………………………………………..

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Data, pieczęć i podpis Lekarza Weterynarii

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Data, pieczęć i podpis Lekarza Weterynarii

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Data, pieczęć i podpis Lekarza Weterynarii

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