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| **DATOS PERSONALES DEL VETERINARIO O VETERINARIA RESPONSABLE DE LA ADSG** |
| NIF [ ]  NIE [ ]  | Número de documento:       |
| Nombre:       | 1º Apellido:      | 2º Apellido      |
| Hombre [ ]  Mujer [ ]  |
| Domicilio:      |
| Provincia:      | C.P.:      | Población:      |
| Teléfono:      | Teléfono móvil:      | Correo electrónico:      |
| Denominación de la ADSG:       | NIF:       |

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| **DATOS DE LA CERTIFICACIÓN** |
| La persona abajo firmante, como representante o presidente/a de la ADSG:           , con código ADSG      **CERTIFICA**:Todas las explotaciones ganaderas de la ADSG obligadas a vacunar han ejecutado la vacunación de Salmonella La ejecución de la vacunación de salmonella, se ha realizado en las siguientes explotaciones y manadas. |

| **CÓDIGO REGA** | **NAVE** | **FECHA ENTRADA MANADA** | **DOSIS/ANIMAL** | **EDAD VAC (SEM)** | **Nº ANIM MANADA** |
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El/la abajo firmante declara que son ciertos los datos consignados en el presente documento, comprometiéndose a probar documentalmente los mismos, cuando se le requiera para ello.

En       a       de       de

VETERINARIO/A DE LA ADSG

Fdo.: