CITIZEN CHARTER

Of

Department of Animal Husbandry & Fisheries

Chandigarh Administration
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<th>Topic</th>
<th>Page No.</th>
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</table>
PREFACE

Chandigarh is a small Union Territory spreading on an area of around 114 sq kilometers. It is urban in character consisting of one fully-grown city, Chandigarh and a small rural area of 13 villages.

The Department of Animal Husbandry & Fisheries came into existence on 1-04-1978 after the bifurcation of the then Poultry Project of Chandigarh Administration. Since then, all the Animal Husbandry & Fisheries activities in the U.T. Chandigarh are being controlled by the this Department.

The livestock population of Union Territory Chandigarh, as per 20th livestock census 2019, is 26990. The bovine population is 25,617 out of which cattle population is 13,440. Besides this, there are 11,006 domestic dogs being kept by the people. The poultry population is 48,883. The department is concerned for providing animal health facilities to the livestock owners through four veterinary hospitals for large animals and nine veterinary sub-centres. The cattle development programme is carried out through one Artificial Insemination Centre and veterinary sub-centres through artificial insemination of cattle and buffaloes. It has one Veterinary hospital for pet animals for providing veterinary services to the pets. The major part of the service being delivered by this department is for livestock and pet owners. The focus of the department is on providing efficient heal cover facilities to the animal owners at easily approachable distance. It is because of this, a citizen charter has been prepared by this department

For Fisheries Development activities, a Fish Seed Farm has been established down below the regulator on the extreme end of the lake. The main aim of this farm is to produce quality fish seed for keeping its stock in Sukhna lake, forest check dams and village ponds. There are 15 rearing tanks and 12 nursery tanks and one stock tank covering an area of one hectare. One tube-well has been installed for providing fresh water to these ponds for producing quality seeds especially for production of ornamental fish.
ANIMAL HEALTH AND VETERINARY SERVICES

Existing Veterinary facilities in Chandigarh

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name of the Institution</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Veterinary Hospitals for large animals at Sector-38, Manimajra, Dhanas, Hallomajra</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Veterinary Hospitals for pet animals, Sector-22</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Artificial Insemination Centre, Sector-38 along with nine Veterinary Sub-Centres at Behlana, Palsora, Kejheri, Khuda Alisher, Khuda Lahora, Daria, Kaimbwala, Maloya &amp; Sarangpur</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Bird Care Centre, Sector 38, Chandigarh</td>
<td>1</td>
</tr>
</tbody>
</table>

Main Activities Of Govt Veterinary Institutions

1) Frozen Semen Technology for breed improvement of Indigenous cows and buffaloes under Cattle Development Programme,
2) Maintenance of cattle health
3) Disease diagnosis
4) Prophylactic vaccinations against dreaded contagious diseases of cattle like Foot & Mouth, H.S., and Rabies etc.
## Citizens’/Clients’ Charter

### 1. Service Standards: Veterinary Services

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Services</th>
<th>Service/Performance standards</th>
<th>Contact details of the Responsible Officer</th>
<th>Documents required</th>
<th>Fee (in Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Issue of Post-mortem Report of animals/birds</td>
<td>Two days</td>
<td>Veterinary Officer, I/c, Vety Hospital</td>
<td>Prescribed format (A-1)(i) (A-1)(ii)</td>
<td>i) animal: 100/-  ii) bird: 5/-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Landline Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sector-22 2700092</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sector-38, 2677505</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Manimajra 2740644</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hallomajra 2679988</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dhanas, 2677505</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>i) Issue of Health Certificate of birds</td>
<td>One day</td>
<td>Veterinary Officer</td>
<td>-do- (A-2)</td>
<td>i) Poultry: 5/-</td>
</tr>
<tr>
<td></td>
<td>ii) Issue of Health Certificate of animals (pets &amp; large)</td>
<td>3 days</td>
<td>Veterinary Officer</td>
<td>(A-2) (i) (A-2) (ii)</td>
<td>ii) Animal: 50/-</td>
</tr>
<tr>
<td>3</td>
<td>International &amp; domestic Animal Transport Certificate</td>
<td>1 Day</td>
<td>Veterinary Officer</td>
<td>-do- (A-3) (i-vi)</td>
<td>100/- per animal</td>
</tr>
<tr>
<td>4</td>
<td>Verification regarding Vaccination of pet Dogs for getting registered from Municipal Corporation, U.T. Chandigarh</td>
<td>One day</td>
<td>Veterinary Officer</td>
<td>-do- (A-4)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Service Description</td>
<td>Duration</td>
<td>Executing Officer</td>
<td>Fee Schedule</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Attendance of Emergencies</td>
<td>One day</td>
<td>Veterinary Inspector / Veterinary Officer</td>
<td>-do- (A-5)</td>
<td>10/-</td>
</tr>
<tr>
<td>6</td>
<td>Attendance of Routine Cases</td>
<td>One day</td>
<td>Veterinary Inspector / Veterinary Officer</td>
<td>-do- (A-5)</td>
<td>10/-</td>
</tr>
</tbody>
</table>
| 7 | Prophylactic mass vaccination of animals against dreaded contagious diseases         | 7 days   | Veterinary Inspector              | -             | FMD: 50% of the cost of vaccine  
HS : 2/-  
No fee is charged for vaccination under Centrally Sponsored ASCAD Scheme |
| 8 | Prophylactic & post bite Anti- rabies vaccination                                    | One day  | Veterinary Inspector              | -             | 20/-          |
|   |                                                                                     |          |                                   |               | No fee is charged for vaccination under Centrally Sponsored ASCAD Scheme |
| 9 | Issue of Vaccination Certificate of animals                                         | One day  | Veterinary Officer                | Prescribed format (A-6) (i) |               |
| 10| Issue of Vaccination Certificate of birds                                          | One day  | Veterinary Officer                | Prescribed format (A-6) (ii) |               |
| 11| Artificial Insemination of cows & buffaloes to improve the existing germ plasma and to increase productivity | One day  | Veterinary Inspector / Veterinary Officer | -             | i) Locally Frozen Semen: 20/- Per A.I  
ii) Imported Frozen Semen: 100/- per A.I |
| 12| Issue of Licenses to public for angling at Sukhna Lake as a ‘Sport Activity’        | One day  | Veterinary Officer               | Prescribed format (A-7) | Daily : 40/-  
10 days : 300/-  
One month : 800/- |
REDRESSAL GRIEVANCE

i) Director Animal Husbandry & Fisheries,
   Chandigarh Administration
   Phone No 2620142

ii) Joint Director Animal Husbandry & Fisheries,
    Chandigarh Administration
    Phone No 2700092

Conclusion

In case of any difficulty or assistance/suggestion relating to Animal Husbandry & Fisheries activity in U.T Chandigarh, Joint Director, Animal Husbandry & Fisheries may be contacted at the Office of Animal Husbandry, Sector 22-C, Chandigarh.

Phone No 2700092.
Department of Animal Husbandry  
Government of U.T., Chandigarh  

POST MORTEM EXAMINATION REPORT FOR ANIMALS OTHER THAN POULTRY

<table>
<thead>
<tr>
<th>(1) PM report No.</th>
<th>(2) PM date</th>
<th>(3) PM conducted at (location)</th>
<th>(4) PM time Ref. date</th>
</tr>
</thead>
</table>

1. **Animal details**

- **Species**
- **Sex**
- **Identification No./Mark**
- **Colour**
- **History of illness and treatment**

<table>
<thead>
<tr>
<th>Date of death</th>
<th>Time of death</th>
</tr>
</thead>
</table>

2. **Animal owner details**

- **Name**
- **Address**
- **Contact number**

3. **External examination**

- **Rigor mortis**
- **Condition of the carcass**
- **Hair coal**
- **Wound/tumor (location and dimension)**
- **Other observations**

<table>
<thead>
<tr>
<th>External orifices</th>
<th>Udder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible Mucous membranes</td>
<td>Bones and joints</td>
</tr>
</tbody>
</table>

4. **Internal examination**

- **Thoracic Cavity**
- **Ribs**
- **Cartilage**
- **Pleura**
- **Diaphragm**
- **Larynx**
- **Trachea**
- **Bronchi**
- **Lungs**
- **Lymph nodes**
- **Pericardium**
<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocardium</td>
<td>Myocardium</td>
<td>Aorta</td>
<td>Auricles</td>
</tr>
<tr>
<td>Ventricle</td>
<td>Oesophagus</td>
<td>Other observations</td>
<td></td>
</tr>
<tr>
<td><strong>Abdominal cavity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peritoneum</td>
<td>Fluid (colour, quantity and consistency)</td>
<td>Lymph nodes</td>
<td>Rumen/Stomach/ Reticulum</td>
</tr>
<tr>
<td>Omasum</td>
<td>Abomasum</td>
<td>Small intestine</td>
<td>Large intestine</td>
</tr>
<tr>
<td>Mesentery</td>
<td>Portal veins</td>
<td>Liver</td>
<td>Gall bladder</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Kidney &amp; Adrenals</td>
<td>Ureters</td>
<td>Urinary Bladder</td>
</tr>
<tr>
<td>Spleen</td>
<td>Other observations</td>
<td><strong>Pelvic cavity</strong></td>
<td></td>
</tr>
<tr>
<td>Testicle</td>
<td>Epididymis</td>
<td>Spermatic cord</td>
<td>Scrotum</td>
</tr>
<tr>
<td>Prostrate</td>
<td>Penis</td>
<td>Vulva</td>
<td>Cervix</td>
</tr>
<tr>
<td>Vagina</td>
<td>Uterus</td>
<td>Ovary</td>
<td>Other observations</td>
</tr>
<tr>
<td>a. Head and Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalp</td>
<td>Skull bones</td>
<td>Meninges</td>
<td>Brain</td>
</tr>
<tr>
<td>Spinal cord</td>
<td>Cervical vertebra</td>
<td>Thyroids/Parathyroids</td>
<td>Other observations</td>
</tr>
</tbody>
</table>
5. Specimen collection details
   Specimen type,
   Preservatives used
   Tests required
   Laboratory address

6. Special observation or abnormalities

7. Opinion as to the probable cause of death

8. Post Mortem Report Issue Details

   Date of issue
   Place of issue

   Signature
   Name and designation
   Registration number with State Veterinary Council/Veterinary Council of India
   Official Seal
**POST MORTEM EXAMINATION REPORT FOR POULTRY**

<table>
<thead>
<tr>
<th>Details of poultry</th>
<th>Specie</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
<th>Number flock</th>
<th>Number died</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM date</td>
<td>PM time</td>
<td>PM conducted at (location of death/other)</td>
<td>Time of death</td>
<td>PM time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Owner details**

   - Name
   - Address

2. **Nutritional details**

3. **Post Mortem details**
   a) External appearance
   b) Subcutaneous tissue and musculature
   c) General observations after opening the carcass
   d) Respiratory system
   e) Cardiovascular system
   f) Digestive system
   g) Urinary system
   h) Genital system
   i) Immune system
   j) Nervous system
   k) Miscellaneous observations

4. **Opinion as to the probable cause of death**

5. **Specimen collection details**

   - Specimen type
   - Tests required
   - Laboratory address

6. **PM report Issue details**

   - PM report reference No.
   - Date of issue
HEALTH CERTIFICATE OF BIRDS

This is to certify that, in my opinion, the bird described below is free from demonstrable, contagious or infectious disease, and does not show emaciation, lesions of the skin, nervous system disturbances, jaundice or diarrhea.

Bird Name : ________________________________
Species : ________________________________
Sex : ________________________________
Color or Markings : ________________________________
Breed : ________________________________
Age : ________________________________
Owner’s Name : ________________________________
Address : ________________________________

Veterinary Officer
I/c Govt. Veterinary Hospital,
Chandigarh.
HEALTH CERTIFICATE OF PET ANIMALS

This is to certify that, in my opinion, the pet animal described below is free from demonstrable, contagious or infectious disease, and does not show emaciation, lesions of the skin, nervous system disturbances, jaundice or diarrhea.

Pet Name : ________________________________
Species : ________________________________
Sex : ________________________________
Color or Markings : ________________________________
Breed : ________________________________
Age : ________________________________
Owner’s Name : ________________________________
Address : ________________________________

Veterinary Officer
I/c Govt. Veterinary Hospital,
U.T. Chandigarh.
### Health Certificate of Large Animals

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of the owner of the animal:</td>
</tr>
<tr>
<td>2.</td>
<td>Residential Address of the owner:</td>
</tr>
<tr>
<td>3.</td>
<td>Species of Animal:</td>
</tr>
<tr>
<td>4.</td>
<td>Age:</td>
</tr>
<tr>
<td>5.</td>
<td>Sex:</td>
</tr>
<tr>
<td>6.</td>
<td>Colour:</td>
</tr>
<tr>
<td>7.</td>
<td>Identification marks:</td>
</tr>
<tr>
<td>8.</td>
<td>Ear tag No.:</td>
</tr>
<tr>
<td>9.</td>
<td>Brand No.:</td>
</tr>
<tr>
<td>10.</td>
<td>Microchip Number (if applicable):</td>
</tr>
<tr>
<td>11.</td>
<td>In case of Milch animals- whether in Milk/ Dry</td>
</tr>
<tr>
<td></td>
<td>a. Milk Yield/ day (in litres):</td>
</tr>
<tr>
<td></td>
<td>b. Expected lactation Yield / lactation:</td>
</tr>
<tr>
<td>12.</td>
<td>Overall Health Status of the animal:</td>
</tr>
<tr>
<td>13.</td>
<td>Present Market Value of the animal:</td>
</tr>
<tr>
<td>14.</td>
<td>Remarks:</td>
</tr>
</tbody>
</table>

**Time of Examination:**

**Place of Examination:**

**Date of Examination:**

(Signature of Veterinary Officer)

Full Name in Block letters

Address:-

Official Seal: -
SCHEDULE - A
(SEE RULE 4)

Performa for certificate of fitness to Travel - Dogs / Cats

This Certificate should be completed and signed by a qualified Veterinary Surgeon

Date and Time of Examination : ..............................................................

Species of dogs/cats ...........................................................................

Number of cages : ............... Number of dogs/cats .................

Sex : ........... Age : ..............................................................

Breed and identification marks, if any : ...............................................

Transported from .............................................................. To ............................................................. Via ...........................................................

I hereby certify that I have read rules 8 to 14 in Chapter II of the Transport of Animals Rules, 1978.

1) That, at the request of (consignor) ............................................................. I have examined the above mentioned dogs/cats in their travelling cages not more than 12 hours before their departure.

2) That each of the dogs/cats appeared to be in good health, free from signs of injury, contagious and infectious disease including rabies and in a fit condition to travel by rail/road/inland/waterway/sea/air.

3) That the dogs/cats were adequately fed and watered for the purpose of the journey.

4) That the dogs/cats have been vaccinated.
   (a) Type of vaccine/s:
   (b) Date of vaccination/s:

Signed : ........................................

Address : ........................................

........................................

Date : ........................................

Qualifications ........................................
2. SCHEDULE - B
(SEE RULE 11)

Size and Type of Crate for Transport of Dogs

The design of the cage mentioned in rule 11 in Chapter II of the Transport of Animals Rules, 1978 shall be as per the design as printed on page 7 of IS : 4746-1968 Published by the Indian Standards Institution.

-All dimensions in centimeters

By Rail/Road/Inland Waterways/Sea, By Air

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Formula</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length (L)</td>
<td>A \times 1 \frac{1}{2}</td>
<td>A + C + 10</td>
</tr>
<tr>
<td>Width (W)</td>
<td>A</td>
<td>D + 2 + 10</td>
</tr>
<tr>
<td>Height (H)</td>
<td>B + 15</td>
<td>B + 0</td>
</tr>
</tbody>
</table>

Length – Tip of nose to root of tail (A)

Width – Width across the shoulders (D)

Height – Tip of ears to toe while standing (B)

Elbow size – Toe to tip of elbow (C)

Note: Cages, Cartons or crates, used to transport dogs, shall be such material, which will not tear or crumble. They shall be well constructed, well ventilated and designed to protect the health of dogs by giving them adequate space and safety. It is essential that wire mesh should be nose and paw proof; suitable material is that welded wire mesh of not less than 3mm with a spacing 12 x 12mm. Expanded metal and wire netting are unsuitable for this purpose. There should be no protruding nails or unprotected edges of wire. Dogs Kennels in rail coaches shall be so placed as to give protection to dogs from extremes of temperature and disturbance from and by giving them adequate space for health and safety.
3. **SCHEDULE - C**

*(SEE RULE 11)*

**Size and Type of Crate for Transport of Cats**

The design of the cage mentioned in rule 11 in Chapter II of the Transport of Animals Rules, 1978 shall be as per the design as printed on page 8 of ISI : 4746 – 1968 published by the Indian Standards Institution.

**All Dimensions in Centimeters**

By rail/road/inland waterways/sea/by air

<table>
<thead>
<tr>
<th>Dimension</th>
<th>By rail/road/inland waterways/sea/by air</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length (L)</td>
<td>A x 2</td>
</tr>
<tr>
<td>Width (W)</td>
<td>A</td>
</tr>
<tr>
<td>Height (H)</td>
<td>B + 10</td>
</tr>
</tbody>
</table>

Length – Tip of nose to root of tail (A)

Width – Width across the shoulders (D)

Height – Tip of ears to toe while standing (B)

Elbow size – Toe to tip of elbow (C)

**Note:** Cages, Cartons or crates, used to transport cats, shall be of such material, which will not tear or crumble. They shall be well constructed, well ventilated and designed to protect the health of the cats by giving them adequate space and safety. It is essential that wire mesh should be nose and paw proof; suitable material is a welding wire mesh of not less than 3mm with a spacing 12 x 12mm. Expanded metal wire netting are unsuitable for this purpose. There should be no protruding nails or unprotected edges of wire. Cats Kennels in rail coaches shall be so placed as to give protection to cats from extremes of temperature and disturbance from birds and by giving them adequate space for health and safety.
4.

SCHEDULE - D

(SEE RULE 16 AND 32)

Proforma for Certificate of fitness to Travel - Monkeys

This Certificate should be completed and signed by a qualified Veterinary Surgeon.

Date & time examination : ........................................................................................................

Species of Monkeys : ...........................................................................................................

Number of Cages : ........... Number of Monkeys .................................................................

Sex : ................................................................. Age : ...................................................

Breed and identification marks, if any : ..................................................................................

Transported from ........................................... To................................................................. Via
..................................................................................................................................................

I hereby certify that I have read rules 15 to 45 in Chapter III of the Transport of Animals Rules, 1978.

1) That, at the request of (consignor) ................................................................. I have examined the above mentioned monkeys in their traveling cages not more than 12 hours before their departure.

2) That each of the monkeys appeared to be in a fit condition to travel from the trapping area to the nearest rail-head/from the nearest rail-head to another rail-head/from the rail-head to the nearest airport/by air and is not showing any signs of infectious or contagious disease.

3) That the monkeys appeared to be under 6 months of age and that no animal appeared to be pregnant.

4) That the monkeys were adequately fed and watered for the purpose of the journey.

5) That the monkeys have been vaccinated.

(a) Type of vaccine/s:
(b) Date of vaccination/s:

Signed : ..............................................

Address : ..................................................

..........................................................

Date : ..............................................

Qualifications ...........................................
5. SCHEDULE - E
(SEE RULE 23 (5) (a) RULE 23 (6))

Size and Type of Crate for transport of Monkeys from
Trapping area to nearest rail - head

The construction details of two types of cages mentioned in rule 22(5) (a) in Chapter
III of the Transport of Animals Rules : 1978 shall be as per dimensions and design as printed

6. SCHEDULE - F
(See Rule 40 (4))

Size and Type of Crate for Transport of Monkeys by Air

The construction details of two types of cages mentioned in rule 40(3) (a) and (b) in
Chapter III of the Transport of Animals Rules, 1978 shall be as per the dimensions and
design as printed on page 6 of IS : 3059 – 1965 published by Indian Standards Institution.

7. SCHEDULE - G
(See Rule 40 (5))

Size and Type of crate for Transport by Air of pregnant and Nursing, Monkeys and
Monkeys weighing over 5 kg.

The construction details of two types of cages mentioned in rule 40(5) in Chapter III
of the Transport of Animals Rules, 1978 shall be as per the dimensions and design as
8. SCHEDULE - H

(See Rule 47)

Proforma for Certificate of fitness to travel - Cattle

This Certificate should be completed and signed by a qualified Veterinary Surgeon

Date and Time of Examination. .................................................................

Species of cattle ......................................................................................

Number of Trucks/Railway Wagons ....................................................... 

Number of cattle ....................................................................................

Sex : ................................. Age : .................................

Breed and identification marks, if any ......................................................

Transported from ............................................ To .................................... Via

.................................................................

I hereby certify that I have read rules 46 to 56 in Chapter IV of the Transport of Animals Rules, 1978.

1. That, at the request of (consignor) ..................................................... I
   have examined the above mentioned Cattle in the goods vehicle/railway wagons not
   more than 12 hours before their departure.

2. That each cattle appeared to be in a fit condition to travel by rail/road and is not
   showing any signs of infectious or contagious or parasitic disease and that it has
   been vaccinated against rinderpest and any other infectious or contagious or
   parasitic disease(s).

3. That the cattle were adequately fed and watered for the purpose of the journey.

4. That the cattle have been vaccinated.
   (a) Type of vaccine/s:
   (b) Date of vaccination/s:

Signed : ..............................................

Address : ..............................................

Date : Qualifications ..............................................
9. **SCHEDULE - I**

(See Rule 58)

**Proforma for Certificate of fitness to travel - Equines**

This Certificate should be completed and signed by a qualified Veterinary Surgeon

Date and Time of Examination. ………………………………………………………………

Specie of Equines : ……………………………………………………………………………

Number of Equines : ……………………………………………………………………………

Sex : ………………………………………. Age : …………………………………..

Breed and identification marks, if any : ………………………………………………………

Transported from …………………………………… To…………………………………… Via

……………………………………………………………………………………………………

I hereby certify that I have read rules 57 to 63 in Chapter V of the Transport of Animals Rules, 1978.

1) That, at the request of (consignor)………………………………………………… I have examined the above mentioned equines not more than 12 hours before their departure.

2) That each equine appeared to be in a fit condition to travel by rail/road/sea and is not showing any signs of any infectious or contagious disease(s) and that it has been vaccinated against any infectious or contagious disease(s).

3) That the equines were adequately fed and watered for the purpose of the journey.

4) That the equines have been vaccinated.

(a) Type of vaccine/s:

(b) Date of vaccination/s:

Signed: …………………………………

Address: ……………………………

Date: Qualifications ……………………………
This Certificate should be completed and signed by a qualified Veterinary Surgeon

Date and Time of Examination. .................................................................

Specie of Animals: .............................................................................

Number of Animals: ..........................................................................

Sex: ................................. Age: .................................

I hereby certify that I have read rules 64 to 75 in Chapter VI of the Transport of Animals Rules, 1978.

1) That, at the request of (consignor) .............................................. I have examined the above mentioned animals in their traveling cages not more than 12 hours before their departure.

2) That each of the animals appeared to be in a fit condition to travel by rail/road and is not showing any signs of any infectious or contagious or parasitic disease(s) and that it has been vaccinated against any infectious or contagious on parasitic disease(s).

3) That the equines were adequately fed and watered for the purpose of the journey.

4) That the equines have been vaccinated.
   (a) Type of vaccine/s:
   (b) Date of vaccination/s:

Signed: ..............................................

Address: ..............................................

..............................................

Date: ..............................................

Qualifications ..............................................
**11 SCHEDULE K**  
*(See Rule 87 (3))*

Proforma for certificate of fitness to travel Pigs  
(This certificate should be completed and signed by a Veterinary doctor)

<table>
<thead>
<tr>
<th>Date and time of examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Species of Animals</td>
</tr>
<tr>
<td>Number of Animals</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Age</td>
</tr>
</tbody>
</table>

I hereby certify I have read Rules 86 to 95 in Chapter VIII of the Transport of Animal Rules, 1978.

1. That, at the request of (consignor)__________________________ I examined the above mentioned animals not more than 12 hours before their departure.

2. That each appeared to be in a fit condition to travel by rail/road/sea and is not showing any signs of any infectious or contagious or parasitic disease(s) and that it has been vaccinated against any infectious or contagious disease(s).

3. That the animals were adequately fed and watered for the purpose of the journey.

4. That the animals have been vaccinated.  
   (a) Type of vaccine (s)  
   (b) Date of vaccination.

Date ________________________________

Signed: ______________________________

Address: ______________________________

_______________________________________

Date: ________________________________

Qualifications ___________________________
Annexure ‘A’
To
The Medical Officer of Health,
Municipal Corporation,
Chandigarh

Application for registration of pet dog.

Sir,

This to request you that I am keeping pet dog in my house No.
Sector________________, Chandigarh. The particulars of my pet dog are as under:

1. Name of pet dog :______________________________

2. Sex-Male/Female :____________________________

3. Breed :____________________________________

4. Colour and Identification mark :__________________________

5. Age :_____________________________________

6. Immunization record :____________________________________

Name and address of the Veterinary Doctor :

Name and address of the Veterinary Council Registration No. :

Anti Rabies vaccination done on __________________________
Signature of the Veterinary Office/Doctor : 

I herewith deposit Rs.___________ in cash. You are requested to register my pet dog.

Signature of the Applicant

Dated : ____________

Name : ____________

Ph. No ____________

For office use

Receipt No. : ____________

Badge No. allotted to pet dog : ____________

Date ____________

Signature of Issuing Officer
Annexure ‘B’

Certificate of vaccination against Rabies for registration of dog.

It is certified that I have done the vaccination of the pet dog whose particulars are as under:-

1. Name of pet dog:______________________________________
2. Sex-Male/Female : ______________________________________
3. Breed:______________________________________________
4. Bedge No.:___________________________________________
5. Immunization record:__________________________________
   Name of owner:________________________________________
   Address of owner:_______________________________________

Signature of Veterinary Doctor

Name :

Dated : Veterinary Council Registration No. _____________

Address :
OUT DOOR TICKET II

VETERINARY HOSPITAL

Timings

SUMMER: 15th April to 15th October
8 A.M to 2 P.M

WINTER: 16th October to 14th April
9 A.M to 3 P.M

OUT DOOR NO. ______________________________

Kind of Animal ______________________________

Name of owner ______________________________

DISEASE ______________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form A

Department of Animal Husbandry

Government of UT Chandigarh

VACCINATION CERTIFICATE FOR ANIMALS OTHER THAN

POULTRY

Certificate No. (unique vaccination certificate number)

Valid from (date of vaccination) to (date till valid)

This is to certify that the animal of the following description has been vaccinated against (name of the disease or diseases) on (date of vaccination) by using a vaccine the details of which are given below:

**Description of the animal**

<table>
<thead>
<tr>
<th>Species</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>(name of the species)'</td>
<td>(male / female)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identification details</th>
<th>Name of the owner</th>
<th>Address of the owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ear-tag number/tattoo or other form of markings)</td>
<td>(full name of the owner of the animal)</td>
<td>(full address of the animal owner)</td>
</tr>
</tbody>
</table>

**Owner’s contact Phone number**

<table>
<thead>
<tr>
<th>Details of vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the vaccine production</td>
</tr>
<tr>
<td>(vaccine, name)</td>
</tr>
<tr>
<td>Type of vaccine (date of the)</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>Vaccine batch No. (batch no. of the vaccine)</td>
</tr>
<tr>
<td>Name of the manufacturer (vaccine manufacturer's name)</td>
</tr>
</tbody>
</table>

**Vaccination certificate issue details**

- **Date of issue**
- **Place of issue**

**Signature**

- **Name and designation**
- **Registration number with State Veterinary Council/Veterinary Council of India**

**Official Seal**
VACCINATION CERTIFICATE FOR POULTRY

Certificate No. (unique vaccination certificate number)

Valid from (date of vaccination) to (date till valid)

This is to certify that the Poultry of the following description have been vaccinated against (name of the disease or diseases) on (date of vaccination) by using a vaccine the details of which are given below:

Details of vaccinated poultry

<table>
<thead>
<tr>
<th>Poultry specie</th>
<th>Poultry type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(chicken, duck, quail etc.)</td>
<td>(Day Old Chicks, broilers, breeder etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of birds vaccinated</th>
<th>Marking details for</th>
</tr>
</thead>
<tbody>
<tr>
<td>(number immunized)</td>
<td>(painting, identification of vaccination band etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the owner</th>
<th>Address of the owner</th>
<th>Owner's contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>(full name of the owner)</td>
<td>(full address of the animal owner)</td>
<td></td>
</tr>
</tbody>
</table>

Commercial poultry (yes / no) Backyard poultry (yes / no)

establishment

Details of vaccination

<table>
<thead>
<tr>
<th>Name of the vaccine production of</th>
<th>Vaccine production date (dale of the used vaccine batch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(vaccine name)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of vaccine</th>
<th>Vaccine expiry dale (expiry date of the vaccine batch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(live, inactivated, adjuvant type used)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine batch No. agency</th>
<th>Vaccinated by (name of the</th>
</tr>
</thead>
<tbody>
<tr>
<td>(batch no. of vaccine)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the manufacturer</th>
<th>Vaccinated by (name of the</th>
</tr>
</thead>
<tbody>
<tr>
<td>(vaccine manufacturer's name)</td>
<td></td>
</tr>
</tbody>
</table>

Vaccination certificate issue details
Date of issue
Place of issue

Signature

Name and designation

Registration number with
State Veterinary
Council/Veterinary Council
of India
(A-7)

FISHING LICENCE

1. Serial number of License_________________________ Book No _____________

2. Class: Rod and Line or kundi dori

3. Period of issue:-
   (i) One month (From________________ to________________ ) for Rs. 800/-
   (ii) Ten days (From________________ to________________ ) for Rs. 300/-
   (iii) One day (From________________ to________________ ) for Rs. 40/-

4. Date of payment of fee __________________________

5. Date of Issue of License __________________________

6. Name & address of Licensee __________________________

Permission is hereby granted to the Licensee for angling in the Sukhna Lake, Chandigarh from the date of Issue to this License________________ to________________ subject to the conditions laid down in the rules published with Punjab Government notification No. 10364-AH(V)-63/6081, dated 7th November, 1963.

CONDITIONS UNDER WHICH THE LICENSE IS ISSUED

1. The Licensee shall catch the fish with Rod and Line only, on each License.

2. The Licensee shall not sell his catches.

3. The Licensee shall not catch fish of a size smaller than 15cm total of fish length and in case small fish is caught, he will throw it back in the lake.

4. The Licensee shall not catch more than two fish in one day.

5. The Licensee shall not use poison, lime, dynamite, or any obnoxious or explosive substance for catching or killing any fish.

6. The Licensee shall be bound to report to the any officer of the Fisheries Department about the breach of these rules which comes to his notice.

7. The Licensee shall be bound to produce the license on demand by any person authorized to demand it.

8. On the expiry of the period of the License the licensee shall surrender his license to the Farm Superintendent, U.T., Chandigarh indicating therein the weight together with the species of the fish caught during the period of the license.

9. No Fishing shall be permitted within the distance of 300 meter from the lake club cafeteria to 100 meter from the lake regulator.

10. The Licensee shall not catch fish before 9.00 a.m. or after 5.00 P.M.
11. The Licensee shall not interfere in catching of fish by the employees of Fisheries Department or acting under proper authority.

Signature of Licensee

Veterinary Inspector
for Joint Director,
Animal Husbandry & Fisheries,
Chandigarh Administration