APPLICATION FOR THE REGISTRATION OF DOG / BITCH

To

The Medical Officer of Health,
Municipal Corporation,
Chandigarh,

Sir,

It is requested that my pet dog / bitch, the particulars which are given below may please be registered against the prescribed fee:-

1. Name of the dog / bitch, if any (in capital letters)

2. Sex- Male / Female

3. Colour

4. Breed ( In capital letter)

5. Age

6. Immunization against rabies as per outdoor tickets No. of dog Clinic.

Yours faithfully,

Name, Signature of the owner of dog / bitch with full address in capital letters.

ATTESTATION OF ITEMS NO. 4 & 6 BY DOCTOR INCHARGE GOVERNMENT VETERINARY HOSPITAL, DOG CLINIC, SECTOR-22, CAHNDIGARH.

TO BE ISSUED BY MEDICAL OFFICER OF HEALTH

Token No. ...................... Dated ................................
Receipt No..........................Dated....................................
Fees Rs............... ( Rs. ....................................................

Receipt No..........................Dated....................................
Fees Rs............... ( Rs. ....................................................