

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. ....