

To

The Medical Officer of Health,
Municipal Corporation,
Chandigarh.

Application for registration of pet dog.

Sir

This is 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 : _____
- 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: _____

For office use

Receipt No. : _____

Badge No. allotted to pet dog : _____

Date _____

Signature of Issuing Officer