

DEPARTMENT OF ANIMAL HUSBANDARY

Application Form for the Registration of Pet

To

The Medical Officer,
Municipal Corporation,
Jammu/Srinagar

Sir,

It is requested that my Pet , the particulars of which are given below may be please registered against the prescribed fee :-

1. Name of the pet (if any) _____

2. Sex – Male/Female _____

3. Color _____

4. Breed (in Capital Letters) _____

5. Age _____

6. Immunization against
rabies on doctor's Advise _____

Yours Faithfully,
Name of the Owner

Signature of the owner
With full address