

Health Certificate

Book No: _____

Sr. No _____

Date _____ Time _____ Place _____

This is to certify that have this day _____ personally examined the animal described below at the request of Sh _____ S/O _____ Village _____ District _____.

Description the Animal:

Species _____ Breed _____ Sex _____

Color _____ Height _____

Identification Mark:

Natural _____

Acquired _____

Tatoon/ Tag No: _____

No of running Lactation _____

Stage of Lactation _____

Present Production Level _____

Approximate cost of the Animal _____

The said animal in my opinion possesses sound health is fit for _____ (Milching, Draught, etc;)

Signature with stamp of the authority authorized to issue permit.

Registration No _____

Pb.Vety.Concil.

Signature/Thumb Impression of the person who applied for permit.

Fees Charged for permit Rs/ _____

Vide receipt No _____ dated _____