Signature of Issuing Officer

To

Date__

The Executive Officer, Municipal Corporation, Ambala.

	Ambala.					
Subject:	Application for registration of pet dog.					
Sir	This is to request you that I			_		no.
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:				ē
	I herewith deposit RsIn case	sh. You are re	quested to r	egister m	y pet do	g.
		S	ignature of	the Appli	cant	
			ame:			
For office	<u>use</u>					
Receipt No	0.	: _				_
Badge No.	allotted to pet dog	: _				_

AMBALA MUNICIPAL CORPORATION

अंबाला नगर निगम

FORM FOR REGISTRATION OF DOG

कुत्ता पंजीकरण-प्रत्र

Sr. No
Name of Owner (स्वामी का नाम)
Contact No (फोन नं0)
Address (पत्ता)
Description of dog(कुत्ते का विवरण)
Breed(नस्ल).
Sex(लिंग)
Dog Name(कुत्ते का नाम)
Distinguishing Marks (विशेष–चिन्ह)
Date
Signature of Owner (हस्ताक्षर स्वामी
As on
Registered for Signature of Licensing Officer
हस्ताक्षरलाईसंस अधिकारी)