

## ANTI RABIES VACCINATION CERTIFICATE FOR PET DOG REGISTRATION

1	Name of owner	
2	Mobile Number of owner	
3	Address	
4	Name of Pet Dog	
5	Gender	
6	Breed	
7	Colour	
8	Identification mark (if any)	
9	Name of Anti Rabies Vaccine	
10	Date of Anti Rabies Vaccination	
11	Next due date of ARV	
12	Name of Veterinary Doctor	
13	Veterinary Council Registration No.	

I, Dr. \_\_\_\_\_ Certify that the Dog having details as mentioned above has been vaccinated against Rabies by me.

Signature & Stamp

Date:

Photo of dog should be same as uploaded