

Municipal Corporation, Chandigarh

(Medical officer of Health)

PUBLIC NOTICE

REGISTRATION OF PET DOGS

All owners / keepers of pet dogs in Chandigarh are required to get their pet dogs above the age of 4 months registered in accordance with **The Chandigarh Registration of Pet Dogs Bye-Laws, 2010** in the office of the undersigned by making an application containing following information:

1. Name of the Dog/Bitch :
2. Colour and identification mark :
3. Sex :
4. Breed :
5. Age :
6. Immunization record :
7. Two photographs of pet :



This registration will be valid for the whole life of the pet. However Annual Vaccination Certificate against rabies shall be submitted in the office every year.

The owners / keepers of the registered dogs shall cause such dogs to wear a collar bearing metal badge issued by undersigned. Any one found keeping a pet dog without registration will be liable to be challaned and fined as per rules.

Note: Application forms are also available at:

1. Dog Hospital, Sector 22, Chandigarh, Leading Pet Practitioners, SPCA, Sector 38 (west) PFA # 1522, Sector 11, Chandigarh.
2. Can be downloaded from the website www.mcchandigarh.gov.in

Medical officer of Health, **Municipal Corporation, Chandigarh**
30 Bays Building, S.C.O. 6, 7, 8 &9 Sector -17, Chandigarh

Annexure 'A'

Attach two photograph of pet

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: _____

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For office use

Receipt No. : _____

Badge No. allotted to pet dog : _____

Date _____

Signature of Issuing Officer