

(To be printed on the Letter Head of Regd. Veterinary Doctor)

**ANTI RABIES VACCINATION CERTIFICATE FOR PET DOG REGISTRATION**

Anti Rabies Vaccination Certificate Number: \_\_\_\_\_

Photo of the  
dog

**[photo of dog should be same as in Registration Form]**

1.	Name of Owner	
2.	Mobile Number of owner	
3.	Address	
4.	Name of Pet Dog/Bitch	
5.	Gender	
6.	Breed	
7.	Colour	
8.	Identification mark (if any)	
9.	Age at the time of Anti Rabies Vaccination	
10.	Name of Anti Rabies Vaccine	
11.	Date of Anti Rabies Vaccination	
12.	Next due date of ARV	
13.	Validity date of Anti rabies vaccine	
14.	Name of Veterinary Doctor	
15.	Council Registration No.	
16.	Council where Doctor is Registered	

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

Signature & Stamp