HEALTH CERTIFICATE

S.NO. DISPATCH .NO..... DATE.....

OWNER DETAILS:-.....S/O.....

ADDRESS:-.....MOBILE NO.....

ID NAME(SAME AS UPLOADED ON REGISTRATION FORM):-.....

DR. :-.....S/O.....

REGISTRATION NO.:-.....POST:-.....

POSTING PLACE & ADDRESS:-.....

S.NO.	SPECIES	BREED	SEX	COLOR	AGE/DEN	IDENTIFICATION MARK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

THIS IS TO CERTIFY THAT I HAVE EXAMINED THE ABOVE MENTIONED EQUINES & IN MY OPINION ARE FREE FROM ANY COMMUNICABLE DISEASES.

THIS CERTIFICATE IS ISSUED FOR PARTICIPATION IN PUSHKAR FAIR 2025, NOT FOR VETROLEGAL PURPOSE.

COPY TO D.NO.....:-1- BLOCK OFFICER.....

D.NO.....:2- DISTRICT OFFICER.....

SIGN. OF OWNER

SIGN. & SEAL OF VETERINARY OFFICER

REG. NO.

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