

# **Municipal Corporation, Panchkula**

## **PUBLIC NOTICE**

### **REGISTRATION OF PET DOGS**

All owners / keepers of pet dogs in Panchkula are required to get their pet dogs above the age of 4 months registered in accordance with **The Panchkula Registration of Pet Dogs, Section-311 of the Municipal Corporation Act 1994.** 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 available at:

1. Pet Medical Center, Sector-3 Panchkula.
2. Can be downloaded from the website [www.mcpanchkula.org](http://www.mcpanchkula.org)

**Municipal Corporation, Panchkula**  
15-16 Bays, Sector-14, Panchkula.

**Annexure 'A'**

Attach two photograph of pet

To  
The Executive Officer,  
Municipal Corporation,  
Panchkula.

**Subject: Application for registration of pet dog.**

Sir  
This is to request you that I am keeping pet dog in my house no. \_\_\_\_\_Sector\_\_\_\_\_, Panchkula. 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: \_\_\_\_\_

For office use

Receipt No. : \_\_\_\_\_

Badge No. allotted to pet dog : \_\_\_\_\_

Date \_\_\_\_\_

Signature of Issuing Officer