

PRE-SHOOT FITNESS CERTIFICATE – PART-A

PROFORMA

I, Dr. _____, VCI Regn. No. _____ have personally examined today _____ at _____, the animals/birds of following description to be used for shooting in the Film M/s. _____.

S. No.	Species	Number	Breed	Sex	Age	Colour / Markings

2. The animals / birds are owned by Shri. _____.

3. It is certified that the animals/birds mentioned above are in a state of good health, free from infectious or contagious diseases and are fit to perform in the film shooting.

Place : _____ **Signature of the Veterinarian :**
Date : _____ **Name & Address of the Veterinarian:**
_____ **Seal :**

OWNERSHIP CERTIFICATE

Certified that the animals described in this Certificate belong to me and that I have permitted the use of the animals in the film (title) -----
----- produced/directed by -----

I have registered the performing animal earlier (Registration Number _____)/ applied for registration. (Please ensure that full address with Pin Code be furnished).

Station

Signature

Name

Date

Address