

**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  
Date

Signature  
Name  
Address