

[See rules 4(2) and 5(1)]

FORM-I

APPLICATION FOR REGISTRATION OF BREEDER IN RESPECT OF AN ESTABLISHMENT

To

The State Animal Welfare Board

----- (name of the State)

Subject: Application for registration of breeder in respect of an establishment

Sir,

I/We ----- r/o ----- with office address -----

-----, do hereby apply for a registration as breeder in respect of the establishment ---

----- (details of establishment) in accordance with the particulars set out below:—

- (1) Name and address of the applicant (breeder):
- (2) Name and address of the establishment:
- (3) Telephone number:
- (4) Details of accommodation and infrastructure available at proposed establishment:
- (5) Working hours and rest day, i.e. day on which establishment shall remain closed:
- (6) Ventilation arrangement:
- (7) Lighting arrangement:
- (8) Heating or cooling arrangement, and manner in which comfortable temperature will be maintained for all pet animals:
- (9) Arrangements for food storage:
- (10) Cleanliness, how proposed to be maintained, and arrangements for removal of animal excreta and waste:
- (11) Arrangement for disposal of animals that die:
- (12) Arrangement for medical and veterinary support:
- (13) Details of dogs proposed to be bred in the establishment:
 - (a) Breeds and number of dogs of each breed.
 - (b) Age of each of dog.
 - (c) Accommodation and number and size of cages and enclosures.
- (14) Qualification and experience of the applicant (breeder) in respect of breeding activities:
- (15) Details of cheque or demand draft number for payment of fee:

**ADDITIONAL DETAILS IN CASE OF RENEWAL OF
REGISTRATION**

(16) Details of dogs acquired and mated:

Sl. No.	Dog's micro-chip number	Date of acquisition	Date of mating	Mated with (micro-chip number of mate)	Pups born (micro-chip numbers)

(17) Number of dogs and pups died with reasons of death, post mortem report and micro-chip number:

(18) Details of dogs/pups sold:

Sl. No.	Dog/pup sold (micro-chip number)	Age of dog/pup	Date of sale	Sale price	Name, address and telephone number of purchaser

(19) Number of pups unsold and manner of their rehabilitation:

I/We do hereby declare that the information provided by us is accurate and true.

Place:

Signature of Applicant

Date:

Form III [See rule 9(1)]

Register of Breeders and Suppliers of Dogs/Pups

Sl. No.	Name and address of Breeder/Supplier	Contact Number and e-mail	Date of Transaction
1	2	3	4

Description of Dog breed	Age of animal	Vaccination details	Dog breeds at establishment
5	6	7	8

Micro-chip number of the dog breed	Remarks
9	10

Form IV [See rule 9(3)]

Register of Sale of Dogs/Pups

Sl. No.	Name and address of Purchaser	Contact Number	Sale amount
1	2	3	4

Type of Dog Sold						Remarks
Category Or Breed	Colour	Micro-chip number	Sex	Age	Vaccination	
5	6	7	8	9	10	11

Form V [See rule 9(4)]

Register of health and medical records of Dogs/Pups

SI No.	Date on which animal was vaccinated	Sex of animal	Age of animal
1	2	3	4

Details of litter, if any	Date of Sale or Disposal otherwise	Medical attention provided	In case of death, how the animal was disposed	Remarks
5	6	7	8	9