

PRE-SHOOT FITNESS CERTIFICATE - PART-A

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

Sr.No	Species	Number	Breed	Sex	Age	Color/Marking

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 :

Date :

Signature with Seal of the Veterinarian

Name & Address of the Veterinarian: