

POST-SHOOT FITNESS CERTIFICATE – PART-B

PROFORMA

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

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

2. It is certified that I was personally present and the above described animals participated in the film shooting on _____ at _____. No undue stress/cruelty as defined in the Prevention of Cruelty Act, 1960 or any other injury was caused to the animals/birds during and after shooting.

Place :

Date :

Signature of the Veterinarian :

Name & Address of the Veterinarian:

Seal :