**THE FIRST SCHEDULE**

[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 (microchip 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 II**

[See rule 4(6)]

**Certificate of Registration of Dog Breeding Centre**

1. This Certificate of Registration is granted to ............................................................... (Name and address of applicant) to establish a Dog Breeding Centre as prescribed in Prevention of Cruelty to Animals (Dog Breeding and Marketing) Rules, 2017.
2. The location of the Breeding Centre is at .................................................
3. The owner of Dog Breeding Centre is permitted to deal with the following dog breeds ...........................................................
4. The owner of Dog Breeding Centre shall abide by provisions of the Prevention of Cruelty to Animals Act, 1960 (59 of 1960) and the rules and notifications issued thereunder.
5. The owner of Dog Breeding Centre shall submit every year an annual report in compliance with clause (a) of rule 11 of the aforesaid rules for the year ending 31st December to reach the undersigned before 31st January of the succeeding year.
6. The Certificate of Registration shall be displayed prominently in the Shop.
7. The Certificate of Registration is non-transferable
8. The Certificate of Registration is valid up to ...................................... and renewal application should be submitted thirty days prior to the expiry date

Signature and Seal of

Date: the State Animal Welfare Board

**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 | Remark |
| 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/Pup**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. 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 |