Application for issue of valuation certificate

| To, | The Vet | erinary Asstt. Surgeon/ Extension Officer (VETY.) | sstt. Surgeon/ Extension Officer (VETY.) | | | | | | | | |
|--------------------|---|--|--|--|--|--|--|--|--|--|--|
| | | State / Block Disper | nsary | | | | | | | | |
| | Sub: | Application for valuation certificate for selling / purchase d Birds (Home reared) | of Livestock/ | | | | | | | | |
| Sir, | | | | | | | | | | | |
| purchase of Hom | | ference to the subject cited above, I have the honour to infor Livestock/ Birds as described below. | m you that, I intend to sell/ | | | | | | | | |
| certificate. | Therefore, I request you kindly to examine the said livestock/ Birds and issue of valuation | | | | | | | | | | |
| | Descript | tion of Livestock/ Birds for issue of Valuation certificate | | | | | | | | | |
| Species and breed | d – | | | | | | | | | | |
| Sex | A | ge | | | | | | | | | |
| If Female : | | | | | | | | | | | |
| e) Date of calving | ld c) l – ord of Si | ire/ Dam – (if know) hth/ days and expected date of delivery. | | | | | | | | | |
| If Male :-Breeding | ıg/ Castra | ated/ unit for breeding/ ploughing purpose/ pulling cart purp | ose. | | | | | | | | |
| Colour :-Identific | ation ma | urk (if any) | | | | | | | | | |
| Date: | | | Yours faithfully | | | | | | | | |
| | | | Name: S/o : Vill : | | | | | | | | |
| | | | P.O. : P.S. : Dist. : | | | | | | | | |

ANIMAL VALUATION CERTIFICATE

| Certified that I have this | | day | day of | | | _at | | | | | | | |
|-------------------------------------|--|------------------------|-------------------|-------|-------|-----|----|------------------|--------|-----|------|------|--|
| examined an animal of the following | lowing | description | and | found | it to | be | of | sound | health | and | free | from | |
| communicable disease : | | | | | | | | | | | | | |
| 1) Species : | | | | | | | | | | | | | |
| 2) Breed: | | | | | | | | | | | | | |
| 3) Sex: | | | | | | | | | | | | | |
| 4) Colour: | | | | | | | | | | | | | |
| 5) Height: | | | | | | | | | | | | | |
| 6) Body Weight (approx): | | | | | | | | | | | | | |
| 7) Purpose of use : | | | | | | | | | | | | | |
| 8) Lactation (if a female): |) Lactation (if a female): | | | | | | | | | | | | |
| 9) Current Milk Yield (if la | 9) Current Milk Yield (if lactating): | | | | | | | | | | | | |
| 10) Current Market Value (Rs.) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| Place: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Name, Designation | | | | | n & Registration | | | | | |
| | | Number of Veterinarian | | | | | | | | | | | |