

**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 :**