



Republic of the Philippines
CITY VETERINARY DEPARTMENT
 Quezon City, Metro Manila



6th Flr. QC Hall Civic A Bldg., Elliptical, Diliman Q.C. | email add: qcvetdepartment@gmail.com | Tel no. 988-4242 loc.8036

CONTROL NO: _____

DATE: _____

To Whom It May Concern:

This is to certify that the pet animal described below as:

| | | |
|------------------------------|---|-------------------------------------|
| NAME OF PET | : | _____ |
| Age | : | _____ |
| Sex | : | _____ |
| Species | : | _____ |
| Breed | : | _____ |
| Color | : | _____ |
| Weight | : | _____ |
| Microchip/Wing Band/Leg Band | : | _____ |
| Number of Heads | : | _____ |
| | | (see attached document for details) |
| Date of Vaccination | : | _____ |
| Vaccine Used with Serial # | : | _____ |
| Name of Owner | : | _____ |
| Address | : | _____ |
| | | _____ |
| Contact Number | : | _____ |
| Email Address | : | _____ |
| Destination | : | _____ |

Has been physically examined by this office and is found to be healthy with no evidence of dangerous and or communicable animal disease.

Where applicable, this further certifies that the above-described species was vaccinated against NCD (New Castle Disease) and Tested **NEGATIVE** against Avian Influenza Virus (AIV):

| | | |
|---------------------------|---|-------|
| Date of Testing | : | _____ |
| Test Used | : | _____ |
| Serial / Reference Number | : | _____ |
| Laboratory Sample Number | : | _____ |

REY CAMUTA DEL NAPOLES, DVM

License Number : **5060**

Valid Until : _____



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DOCUMENT NUMBER : _____

| COUNT | ID NO. | LB / WB NUMBER | BREED | COLOR | SEX | AGE | BODY WEIGHT |
|-------|--------|----------------|-------|-------|-----|-----|-------------|
| 1 | | | | | | | |
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