



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



6th Flr. QC Hall Civic A Bldg., Elliptical, Diliman Q.C. | email add: CVD@quezoncity.gov.ph | Tel. No. 988-4242 loc. 8036

VETERINARY CLEARANCE
Pursuant to Ord. No. SP-2505 S-2016

LATEST
1 X 1
ID PICTURE

Date

Name of Applicant _____
(Surname) (Given Name) (M.I.) (T.I.N.)

Nationality: _____ Res. Address: _____

Nature of Business _____

Business Organization: _____
(Sole Proprietorship/Partnership/Corporation/Others (Specify))

Business Address _____

Name of Veterinarian _____ PRC Reg. No. _____ Valid Until _____

Are you a Member of any Association? _____

If yes, state name/s of Association _____

Applicant / Authorized Representative
(Printed name & Signature)

GENERAL REQUIREMENTS:

- _____ Photocopy of DTI/SEC Registration
- _____ Photocopy of Barangay Clearance
- _____ Photocopy of Veterinarian registration / PRC ID and PTR
- _____ Photocopy of Valid ID
- _____ Photocopy of Inspection Report of Meat Inspector

APPROVED:

ANA MARIA V. CABEL, DVM, MPA, MDMG
City Veterinarian