

APPLY FOR NEW PET DOG LICENSE

*** Fields Are Mandatory To Fill**

APPLICANT DETAILS

FIRST NAME * (Max Length 50 Characters)

Applicant First Name

MIDDLE NAME (Max Length 50 Characters)

Enter Middle Name

LAST NAME(Max Length 50 Characters)

Enter Last Name

DOB *(Not Applicable For Below 18 Years)

DD/MM/YYYY

APPLICANT ADDRESS

PLOT/HOUSE NO. *(Max Length 50 Chars)

Enter Plot/House No

STREET NAME *(Max Length 100 Chars)

Enter Street Name

PIN CODE *(Max Length 6 Digit)

Enter Pin Code

COLONY *

SELECT COLONY

WARD *

SELECT WARD

ZONE *

SELECT ZONE

PHONE NUMBER (LANDLINE)

Enter Landline Number

MOBILE NUMBER *(Max Length 10 Digit)

India(91)

Enter Mobile Number

OTP *

Enter OTP

EMAIL ID *

Enter Email Id

DOG DETAILS

NAME OF PET DOG *(Max Length 50 Chars)

Enter name of Pet Dogs

GENDER OF PET DOG *

 Male Female

UPLOAD DOG PHOTO *In Jpeg/Jpg Format And Size Should Not Exceed 20 KB)

Choose File | No file chosen

UPLOAD DOG PHOTOGRAPH WITH OWNER *In Jpeg/Jpg Format And Size Should Not Exceed 20 KB)

Choose File | No file chosen

BREED OF DOG *

Select Breed

AGE AS ON DATE OF REGISTRATION *

Enter Year

Enter Month

DATE OF LAST ANTI RABIES VACCINATION *

DD/MM/YYYY

VALID UP TO ANTI-RABIES VACCINATION *

DD/MM/YYYY

VACCINATION CERTIFICATE NUMBER * (Max Length 50 Char)

Enter Certificate Number of Vaccination Certificate

DATE OF VACCINATION CERTIFICATE *

DD/MM/YYYY

NAME OF VETERINARY DOCTOR/HOSPITAL FROM WHERE DOG GOT VACCINATED *(Max Length 50 Char)

Enter Name of veterinary doctor

NAME OF COUNCIL WHERE VETERINARY DOCTOR IS REGISTERED *(Max Length 50 Char)

Enter Name of council

VETERINARY DOCTOR REGISTRATION NUMBER *(Max Length 50 Char)

Veterinary Doctor Registration number

MOBILE NUMBER OF DOCTOR *(Max Length 10 Char)

India(91)

Enter Mobile Number of Doctor

HELP DESK

☰ UPLOAD REQUIRED DOCUMENTS *

Note:

A. Enclosures / Attachments Hereby Applicant Requested To Upload Self Attested Copies Of All The Documents

B. For Uploading Documents Max Size Should Be 2 MB And Scan Copy Should Be PDF Format Only

1. ANTI RABIES VACCINATION CERTIFICATE ISSUED BY REGISTERED VETERINARY PRACTITIONER /HOSPITAL *

Choose File | No file chosen

2. APPLICANT ID PROOF *

Choose File | No file chosen

3. Applicant Residence Proof *

Choose File | No file chosen

4. PHOTOGRAPH OF APPLICANT ALONG WITH PET DOG. *

Choose File | No file chosen

☰ SELF -DECLARATION/UNDERTAKING

DECLARATION BY THE APPLICANT

1. I will not prohibit/obstruct the authorized officer of the Corporation to inspect the premises at any time and without notice.
2. I will attach the Dog Token Card to its neck collar all the time. I shall, on demand produce the registration certificate to the authorized officer.
3. I will not let loose the dog in any street/ road or public places. Pet should always be taken out after properly muzzled and secured with a leash/chain.
4. I will not allow an aggressive dog to roam freely without muzzle at any public place. Irresponsible ownership causing severe biting injury shall lead to cancellation of pet dog Registration. In such cases, I will be responsible for proper compensation to the victims.
5. I will be responsible for all kind of nuisance by my pet viz: howling, biting and injuring any person or others pet.
6. I will not allow my pet to defile public places and shall be responsible for cleaning the area if it does so.
7. I will provide adequate food and shelter to pet dog and shall not cause any cruelty to it failing which SPCA provisions would be invoked.
8. I will be responsible for good health and timely Anti Rabies Vaccination of the pet dog.
9. New Registration Certificate & Token for the pet shall be obtained by me annually.
10. In case my vaccinated dog is bitten by a RABIES suspected dog during the validity period of registration, I will ensure its proper post- bite vaccination regimen under intimation to DDVS zone, failing which registration shall be cancelled.
11. In case of change of ownership of the pet, I will inform Zonal DDVS to update the records.
12. I hereby indemnify MCD from all legal consequences arising due to violent acts of my pet.
13. Validity of Registration of the pet shall be co-terminus with that of Anti Rabies Vaccination.
14. I will comply with the provisions of Acts & Bye Laws for the time being enforceable.
15. I shall ensure that my pet does not contribute in the growth of Stray Canine population.

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