

### INSPECTION AND ANIMAL VERIFICATION REPORT

(To be obtained from a Government Veterinary Officer of Animal Husbandry Department of the concerned District)

To  
The Secretary  
AWBI, Ballabgarh, Haryana

1. Name & address of the Organization :
2. Address of Shelter House :
3. Number and details of Shelters/Ambulance and other facilities available :
4. Number of animals sheltered in the shelter house by the organization as on -----

| 1    | 2         | 3                | 4           | 5           | 6             | 7      | 8       | 9          | 10           | 11           | 12                               | 13    |
|------|-----------|------------------|-------------|-------------|---------------|--------|---------|------------|--------------|--------------|----------------------------------|-------|
| Cows | Buffaloes | Milching animals | Ox/Bullocks | Male Calves | Female Calves | Horses | Donkeys | Sheep/Goat | Cats/Kittens | Dogs/Puppies | Other animals (Specify category) | Total |
|      |           |                  |             |             |               |        |         |            |              |              |                                  |       |

Details of other animals (Column No.12) :

5. Number of animals rescued during the year :
6. Number of animals treated by the organization during the year :  
(As verified from animal treatment register maintained by the organization)
  - a) In their in-house dispensary/hospital :
  - b) Sick and injured animals on the spot :
  - c) In medical camps :
  - d) By Mobile clinics :

Total :
7. Number of cruelty cases booked by the organization :
8. Number of Legal cases filed by the Organization :
9. No of Veterinary Doctor/Para Vets/Animal Handlers with the AWO:
10. Whether the Animal Ambulance purchased out of grants-in-aid of AWBI/Ministry are properly utilized :

I hereby certify that the above information is true on the basis of records maintained/physical inspection of the AWO. The last physical inspection of the AWO was done on -----.

Signature & office Seal

Name of the officer(AH Dept)

Designation

Postal Address/Tel.No.