

DESTRUCTION OF ANIMAL SUSPECTED TO BE INFECTED WITH RABIES SECTION 38 VETERINARY PUBLIC HEALTH ORDINANCE, 1999

1,	
IC NO:	, ADDRESS:
	imal(s) to the State Veterinary Authority for euthanasia (put-to
sleep):-	
Name of animal(s)	:
Type & number of animal(s)	: □ Canine #: □ Feline #: □ Others (please specify) #
I accept that there will be no comp	pensation given.
Name of Owner: I.C No: Tel. No:	Name of witness: Designation: Date:
Date:	