



Government of Goa

Directorate of Animal Husbandry & Veterinary Services

Pashusamvardhan Bhavan, Patto, Panaji, Goa – 403 001, India

Phone: (0832) 2437245 | Fax: (0832 2437244) | Email: dir-ahvs.goa@nic.in | www.ahvs.goa.gov.in

APPLICATION FORM FOR ANIMAL CARE TRAVEL PASS

INDIVIDUAL APPLICANTS ARE REQUESTED TO SEND THE APPLICATION FORM THROUGH A NGO WORKING IN THE STATE OF GOA & WORKING WITH THE DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES IN GOA ONLY

STRAY ANIMAL / BIRD FEEDING

VETERINARY CARE

Name of Person (as on Photo ID Card): _____

ID Type: Aadhar Card / Driver License / Passport / Vet Registration ; Number: _____

Date of Birth: _____

Mobile Contact Number: _____

Residential Address: _____

Type of Volunteer: Individual / Organization (Name) _____

Vehicle Type: _____ Registration Number: _____

Feeding/ Travel Time (Max. 2 hrs twice a day): _____ AM _____ PM

Number of Animals to Care: _____ Dogs; _____ Cats; _____ Cattle; _____ Birds; _____ Other

Area: _____ (Taluka) ; _____ (Village Panchayat / City Municipality)

Self-Declaration: I hereby declare that I have not travelled in India or Abroad in the last 14 days, I am not suffering from cough or fever for the last one week, I undertake that I will take all precautions against COVID-19 while working as an Animal Feeding Volunteer (Wear mask, wash hands frequently, and practice social distancing)

Applicant: _____

Date: _____



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APPLICATION FORM FOR ANIMAL FEED VEHICLE PERMIT

INDIVIDUAL APPLICANTS ARE REQUESTED TO SEND THE APPLICATION FORM THROUGH A NGO WORKING IN THE STATE OF GOA & WORKING WITH THE DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES IN GOA ONLY

Name of Driver (as on Photo ID Card): _____

Type of Operations: Individual / Organization (Name) _____

ID Type: Aadhar Card / Driver License / Passport ; Number: _____

Date of Birth: _____

Mobile Contact Number: _____

Residential Address: _____

Vehicle Type: _____ Vehicle Registration Number: _____

Travel Start Address: _____

Travel Destination Address _____

Details of Feed: _____ (Type) _____ (Quantity)

Applicant: _____

Date: _____