**MOVEMENT CERTIFICATE FOR THE FEEDING OF STRAY ANIMALS**

The competent department of the Municipality:

Name of person in charge:
Phone number of person in charge:

**CONFIRMS THAT**

Name :

Father’s Name:

Home address:

ID number:

Is necessary, for the purpose of feeding stray animals, to be permitted to move within

the boundaries of the Municipality:

Feeding points of the stray animals:

Feeding days of the stray animals:

Between the hours of (up to 3 hours):

\_\_\_\_\_ a.m. and \_\_\_\_\_ a.m.

\_\_\_\_\_ p.m. and \_\_\_\_\_ p.m.

The identity of the permit bearer will be proven by demonstrating his/her ID card

**Signature**

