

# 2008 Rabies Tag and Certificate Order Form

Cuyahoga County Board of Health  
5550 Venture Drive  
Parma, Ohio 44130  
TEL (216) 201-2020 FAX (216) 676-1317  
[www.cbh.net](http://www.cbh.net)

Name of Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Clinic email \_\_\_\_\_

Number of Tags \_\_\_\_\_ Number of Certificates \_\_\_\_\_

**Please Indicate Payment Method: Check \_\_\_\_\_ C.O.D. \_\_\_\_\_**  
**Tags are \$ 1.00 each. O-ring attachments are included for each tag.**  
**Vaccination certificates are available as requested.**

<b>For Office use only.</b> Log-in # _____ Tag # _____ Approved By _____ Issue Date _____
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