

**CUYAHOGA COUNTY BOARD OF HEALTH**  
**5550 VENTURE DRIVE**  
**PARMA, OHIO 44130**  
**FAX (216) 676-1317 PHONE (216) 201-2020**

***RABIES VACCINATION/QUARANTINE RELEASE FORM***

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (office) \_\_\_\_\_

Name of animal \_\_\_\_\_ Age \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Markings \_\_\_\_\_

Rabies Vaccination Tag No. \_\_\_\_\_ Type of Vaccine \_\_\_\_\_ ( )1year ( )3year \_\_\_\_\_ Date given: \_\_\_\_\_

Veterinarian and/or animal hospital that administered the inoculation:

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Comments \_\_\_\_\_

\*\*\*\*\*

**(Complete this section only if animal was observed by a veterinarian)**

**VETERINARIAN QUARANTINE RELEASE SECTION:** (To be completed on or after the tenth day of the quarantine period).

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**HEALTH OF ANIMAL**

Observations/Comments/Action \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date observed \_\_\_\_\_