2016 Rabies Vaccination Tag Order Form

Cuyahoga County Board of Health
5550 Venture Drive Parma, Ohio 44130
TEL (216)201-2020 FAX (216)676-1317 WEB www.ccbh.net

Name of Clinic		
Address		
Phone Number	Fax	
Contact Person	Clinic email	
No. of Tags	@ \$1.00 each = \$	(O-rings included for each tag)
	Total cost for Tags = \$	
Number of Vaccinati	ion Certificates (no charge)	
Please Indicate Pay	ment Method: Check	C.O.D
	***** For Office Use Only *****	
Log-in # Tag #	Approved By	Issue Date
TEI Name of Clinic	Cuyahoga County Board of F 5550 Venture Drive Parma, O L (216)201-2020 FAX (216)676-1317	hio 44130
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Phone Number		Fax _
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