

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Rabies Vaccination & Quarantine Release Form

Pet Owner Quarantine Release Section

Owner Name		Phone	
Address		Phone (alternate)	
City		State	Zip
Animal Name			Age
Species	Breed		
(please check) <input type="checkbox"/> Yes, my animal successfully completed the quarantine period			
Rabies Tag #	Date of Vaccine	Type of Vaccine <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year	
Veterinary Clinic Where Vaccine was Administered			
Veterinarian			
Address		Phone	
City		State	Zip
I certify that the information provided above is correct			
_____ Owner Signature			_____ Date

Veterinarian Quarantine Release Section

Veterinary Clinic			
Veterinarian			
Address		Phone	
City		State	Zip
Observations & Comments			
_____ Veterinarian Signature			_____ Date