

# 2019 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](http://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 Vaccination Certificates (no charge) \_\_\_\_\_

**Please Indicate Payment Method: Check \_\_\_\_\_ C.O.D. \_\_\_\_\_**

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Log-in # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Tag # \_\_\_\_\_ Issue Date \_\_\_\_\_

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