

# PROOF OF RABIES VACCINATION

Health Department ID # \_\_\_\_\_

**The 10 day quarantine period has ended. This form must be returned by \_\_\_\_\_.**  
**Failure to comply is a violation of the *Huron County Board of Health Regulation Controlling the Quarantine and Immunization for Rabies of Biting Animals* and may result in a misdemeanor of the fourth degree (ORC §3707.99 (B)) and/or a fine.**

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THIS SECTION IS TO BE COMPLETED BY THE ANIMAL OWNER:

The animal is exhibiting signs of possible rabies (i.e., change in temperament, excessive salivation, or loss of muscular control): \_\_\_\_\_ Yes \_\_\_\_\_ No

The animal is apparently well and is eating and drinking normally:

Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_/\_\_\_\_\_  
Printed Name & Signature of Animal Owner Date

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THIS SECTION IS TO BE COMPLETED BY A LICENSED VETERINARIAN, ONLY:

Veterinarian's Name: \_\_\_\_\_ Vet.Lic.No.: \_\_\_\_\_

Vet Clinic/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### BITING ANIMAL VACCINATION STATUS

Date animal was examined for symptoms of rabies: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_

Animal was properly vaccinated at the time of the bite with a ( ) 1 ( ) 3 year vaccine.

Date of Current Rabies Vaccine: \_\_\_\_\_ Rabies Tag No. \_\_\_\_\_

Animal was not properly vaccinated at time of the bite. Rabies vaccination was brought up to date this day with a ( ) 1 ( ) 3 year vaccine. Rabies Tag No. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Veterinarian Signature*