

THIS FORM IS TO BE COMPLETED BY A VETERINARIAN

\_\_\_\_\_  
Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address  
  
\_\_\_\_\_

To: Defiance County Health Commissioner

The animal described below has been examined following quarantine for an animal bite. The animal was in good health at time of examination. As required by Section 3701-3-29 of the Ohio Administrative Code, the following named individual has had his/her pet properly vaccinated against rabies.

\_\_\_\_\_  
Name of Animal's Owner

\_\_\_\_\_  
Type of Animal

\_\_\_\_\_  
Date Animal was Vaccinated for Rabies

\_\_\_\_\_  
Veterinarian's Signature

Return To: Defiance County Health Department  
1300 East Second Street, Suite 100  
Defiance, OH 43512