



**Public Health**  
Protect • Promote • Prevent

# Wayne County Health Department

Nicholas V. Cascarelli, **MHHS**  
Health Commissioner

Kathryn Helmuth, **MD**  
Medical Director

Bite ID# \_\_\_\_\_

## Certificate of "Good Health" and "Proof of Vaccination"

Quarantine from \_\_\_\_\_ to \_\_\_\_\_

I hereby certify that the animal owned by \_\_\_\_\_ who  
resides at \_\_\_\_\_, was observed  
by me on or after the final day of quarantine and that said animal is alive, in  
**good health** and shows no signs or symptoms of rabies and the animal has a  
**current rabies vaccination.**

ANIMAL NAME: \_\_\_\_\_

KIND OF ANIMAL (BREED): \_\_\_\_\_

EXPIRATION DATE OF RABIES VACCINATION: \_\_\_\_\_

RABIES TAG NUMBER: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Clinic/Office Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed form **MUST** be returned to the Wayne County  
Health Department by \_\_\_\_\_.

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