



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: _____

BREED OF ANIMAL: _____

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 _____.