



**Public Health**  
Prevent. Promote. Protect.

**WAYNE COUNTY HEALTH DEPARTMENT**

**Nicholas Cascarelli, Ed.D.** *Health Commissioner*    **Eric A. Smith, 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): \_\_\_\_\_

Sex of Animal:    Male    Female    Spayed/Neutered: Yes    No

Date of Rabies Vaccination: \_\_\_\_\_    1 Year Vaccination    3 Year Vaccination

Rabies Tag Number: \_\_\_\_\_

\_\_\_\_\_  
Veterinarian’s Signature

\_\_\_\_\_  
Date

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

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

**Vital Statistics – Community Health - WIC**  
244 W. South St. Wooster, OH 44691  
Phone: (330) 264-9590  
Fax: (330) 262-2538  
info@wayne-health.org

**Environmental Health**  
428 W. Liberty St. Wooster, OH 44691  
Phone: (330) 264-2426  
Fax: (330) 262-8433  
ehinfo@wayne-health.org