WAYNE COUNTY HEALTH DEPARTMENT

Nicholas V. 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 Services - 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

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