



VETERINARIAN REPORT

NAME OF VETERINARIAN: _____

ADDRESS: _____

PHONE: _____

NAME OF ANIMAL OWNER: _____

TYPE OF ANIMAL: dog cat other female male

NAME OF ANIMAL: _____

DATE ANIMAL SEEN BY VETERINARIAN: _____

DATE ANIMAL RECEIVED VACCINE FOR RABIES: _____

I attest that the animal is healthy and up-to-date on rabies vaccine.

Veterinarian's Signature

Date

RETURN TO:

*SANDUSKY COUNTY PUBLIC HEALTH
2000 COUNTRYSIDE DR.
FREMONT, OH 43420
PHONE: 419-334-6373
FAX: 419-334-6380*

REV 08/2023