

Veterinarian Release

Date: ____ / ____ / ____ ID# _____
***Pet is due to see Veterinarian on: ____ / ____ / ____

Name of Animal: _____
Species: Dog Cat
 Other: _____
Length of hair: _____ Age: _____
Breed: _____ Color: _____
Sex: Male Female
Spayed/Neutered: Yes No Unsure

Owned by:
Name of Owner: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (_____) _____
Secondary Contact Number: (_____) _____

Quarantine Location:
 Home Veterinarian Office Dog Warden Other: _____

The above mentioned animal has been observed, as required by Rule 3701-3-29 and the Toledo-Lucas County Health Department Animal Bite regulations, for rabies. The aforementioned animal has been properly vaccinated against rabies on: ____ / ____ / ____

Rabies Tag Number: _____ Vaccination Expiration Date: _____
Veterinarian Name: _____
Veterinarian License Number: _____
Signature: _____
Practice Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (_____) _____

PLEASE RETURN TO:
Toledo-Lucas County Health Department
Attn: Animal Bite Program
635 N Erie Street
Toledo, Ohio 43604
Fax: 419.213.4141

