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Health Commissioner

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REGIONAL HEALTH DISTRICT
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AN EQUAL
OPPORTUNITY EMPLOYER

The Department operates in
accordance with Title VI of the
Civil Rights Act of 1964

Visit us on the web at:
www.lucascountyhealth.com

VETERINARIAN RELEASE

Date: ___ / ___ / ___ ID# _____

***Pet is due to see Veterinarian on: ___ / ___ / ___

Name of Pet: _____

Species: Dog Cat Other _____

Length of hair: _____ Age: _____

Breed: _____ Color: _____

Sex: Male Female

Spayed/Neutered: Yes No Unknown

Owned by:

Name of Owner _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

Secondary Contact Number (____) _____

Quarantine at: Home Veterinarian Dog Warden

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: ___ / ___ / ___

Veterinarian License #: _____

Rabies Tag #: _____

And is hereby released from quarantine.

Veterinarian Name (print): _____

Signature: _____

Practice Name: _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

Secondary Contact Number (____) _____

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