

Animal Rabies Examination Release and Disposal Certificate

OWNER:

Name _____	Telephone _____
Address _____	

REPORTED TO HAVE BITTEN:

Name _____
Address _____

On (date) _____
 Description of Animal _____ Animal Name _____
 Confined at _____
 From _____ To _____

On this date the above animal described was examined by me and found to be free from rabies symptoms at this time.

Signature _____ Date _____
 Remarks _____

Although we have complied with the laws in the quarantine of this animal in this bite case, there is always the possibility of rabies developing after release due to the variable period of incubation in the disease. If your pet should become ill or die mysteriously within several days after release, please notify your veterinarian or Health Officer immediately.

Please send copy to: Onondaga County Health Department
 ANIMAL DISEASE PREVENTION
 4170 State Route 31
 Clay, NY 13041
 (315) 435-3165 Fax (315) 435-1651
 Email: animaldisease@ongov.net



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Onondaga County
Health Department
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