

After the 10 day confinement period has been completed, please promptly complete the confinement/vaccination report below by supplying the required information or print the form and either fax or return by mail. The Health District will contact the veterinary office and verify the rabies vaccination is current. If the vaccination is not current or there is no record available you will be required to schedule an appointment at your veterinarian for rabies vaccination and provide documentation. It is important for this process to be completed in a timely manner because the Health District must be able to advise the person bitten/scratched/ exposed of their risk of rabies.

CONFINEMENT/VACCINATION REPORT
Return PROMPTLY after 10 day confinement

Date of bite/scratch/exposure _____ I.D. # from Health District letter _____

Animal Name _____ Color/Breed _____

Dog License # _____ (opt) Year _____

STATEMENT OF OWNER RESPONSIBILITY:

My dog _____ cat _____ ferret _____ other animal _____

was alive and in good health and in my possession as of _____

(date at least 10 days past date of bite/scratch/exposure) and is current on rabies vaccine administered by a licensed veterinarian

Name and location of veterinary clinic _____

Veterinarian phone _____

Name(s) on veterinary account _____

Rabies vaccination # and type _____ Date administered _____

Owner name _____

Email address _____ Daytime phone(s) _____

Please return form with complete information to:

Lake County General Health District

33 Mill Street

Painesville, OH 44077

Phone (440) 350-2543

Fax (440) 350-2548

www.lcghd.org