



ANIMAL OWNER RESPONSE FOR RABIES PROGRAM

Complete and Return to the Attention of:

MEDINA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL DIVISION
4800 Ledgewood Drive
Medina, Ohio 44256
(330) 723-9523

OR → FAX (330) 723-9650

OR → rabies@medinahealth.org

DATE OF EXPOSURE: _____

Animal Owner Name _____

Phone number _____ Cell Phone number _____

Email address _____ @ _____

Address _____

Breed, sex, and name of animal _____

Veterinarian name _____

Veterinarian phone # _____

Date of rabies vaccination _____

Indicate one or three year shot _____

Animal survived a 10-day quarantine? Yes ☐ No ☐.

If *no*, contact the Health Department immediately.

Thank you for your prompt attention and cooperation regarding our efforts to protect the public health and the health of your animal through the rabies program. If you have any questions, please call (330) 723-9523.