



ONONDAGA COUNTY HEALTH DEPARTMENT  
ANIMAL RABIES EXAMINATION 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.

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Remarks \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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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.

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Please send copy to: Onondaga County Health Department  
 ANIMAL DISEASE PREVENTION  
 6230 East Molloy Rd  
 E Syracuse NY 13057  
 (315) 435-3165 Fax (315) 435-1651