

2024 Rabies Vaccination Tag Order Form

Cuyahoga County Board of Health
5550 Venture Drive Parma, Ohio 44130
TEL 216-201-2020 FAX 216-676-1317 WEB www.ccbh.net

Name of Clinic _____

Address _____

Phone Number _____ Fax _____

Contact Person _____ Clinic email _____

No. of Tags _____ @ \$1.00 each = \$ _____ (O-rings included for each tag)

Total cost for Tags = \$ _____

Number of Vaccination Certificates (no charge) _____

Please Indicate Payment Method: Check _____ C.O.D. _____

***** For Office Use Only *****

Log-in # _____ Amount Paid _____ Tag # _____ Issue Date _____

.....

2024 Rabies Vaccination Tag Order Form

Cuyahoga County Board of Health
5550 Venture Drive Parma, Ohio 44130
TEL 216-201-2020 FAX 216-676-1317 WEB www.ccbh.net

Name of Clinic _____

Address _____

Phone Number _____ Fax _____

Contact Person _____ Clinic email _____

No. of Tags _____ @ \$1.00 each = \$ _____ (O-rings included for each tag)

Total cost for Tags = \$ _____

Number of Vaccination Certificates (no charge) _____

Please Indicate Payment Method: Check _____ C.O.D. _____

***** For Office Use Only *****

Log-in # _____ Amount Paid _____ Tag # _____ Issue Date _____