

# 2026 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](http://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 \_\_\_\_\_

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