## Rabies Tag Request Form

**Veterinary Clinic/Hospital Requesting Tags**

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterinary Clinic/Hospital Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Name Of Person Requesting Tags</td>
<td></td>
</tr>
</tbody>
</table>

### Items Requested

- One Year Tags
- Three Year Tags
- Rings (No Charge)
- Certificates (No Charge)

**Other information or Special Instructions**

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**Please Return By Fax/Mail or Email To**

Franklin County Public Health  
Attention: Sandy Cameron  
280 E. Broad St.  
Columbus, OH 43215  
Phone (614) 525-3160  
Fax (614) 525-3851  
Email SandyCameron@franklincountyohio.gov

If you have any questions or need further assistance, please contact Sandy Cameron (614) 525-3635