



**TO BE FILLED OUT BY VETERINARIAN AND SUBMITTED
TO THE DARKE COUNTY HEALTH DEPARTMENT**

OWNER: _____ ID #: _____

VETERINARIAN: _____ ADDRESS: _____

PHONE#: _____ CONDITION OF ANIMAL AFTER CONFINEMENT: _____

DATE ANIMAL EXAMINED: _____ IF EUTHANIZED, DATE ?: _____ TAG #: _____

DATE OF LAST RABIES SHOT: _____ VETERINARIAN SIGNATURE: _____

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