

SHERLITA AMLER, MD, MS, FAAP
Commissioner of Health



ROBERT J. BONDI
County Executive

ROBERT MORRIS, PE
Director of Environmental Health

DEPARTMENT OF HEALTH
1 Geneva Road, Brewster, New York 10509

RELEASE

I hereby attest that I am the owner or duly authorized guardian of the animal(s) receiving vaccine today, March 27, 2010

I, the undersigned, hereby RELEASE the County of Putnam, its officers, agents, employees, and contracted Technicians and Veterinarians, thereof, from all actions, causes of action, suits, debts, sums of money, contracts, promises, trespasses, damages, judgments, executions, claims and demands, whatsoever, which the undersigned or the undersigned's heirs, administrators, successors of assigns ever had, now have, or hereafter shall or may have by reason of any manner, cause or thing whatsoever arising out of the following activity: Rabies Vaccination Clinic for dogs and cats.

SIGNATURE: _____

RABIES CERTIFICATE

(Retain for your records)

Owner's Name and Address		Print Clearly		
LAST		FIRST	TELEPHONE #	
NO.	STREET	CITY	STATE	ZIP
SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET	AGE	SIZE	PREDOMINANT BREED	PREDOMINANT COLORS/MARKINGS
	SEX		ANIMAL NAME	
	Months <input type="checkbox"/> Years <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>		
	Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>			

****Putnam County Office Use Only****

		RABIES TAG #
DATE VACCINATED _____ Month / Day / Year	Manufacturer: (first 3 letters) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine	Veterinarian's Name: _____ License Number: _____ _____ Veterinarian's Signature Address: _____
NEXT VACCINATION DUE BY: _____ Month / Day / Year	_____ Vaccine Serial (lot) Number	

Proof of Putnam County residency verified by _____ Proof of prior rabies vaccination verified by _____

