

CHESTER COUNTY HEALTH DEPARTMENT  
ANIMAL HEALTH REPORT

Confine the animal for 10 days after the incident. Have a licensed veterinarian complete this card during the animal's health exam. The owner is responsible for returning the completed card.

Case #: \_\_\_\_\_ Date of Bite \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Name of Vet Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

I certify that to the best of my knowledge that this animal is in good health and is showing no signs or symptoms of rabies.

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
License Number