



**DUPAGE
COUNTY**

ANIMAL SERVICES

Guidelines for Distributing 2022 DuPage County Rabies Tags

Please review, initial each section and return via fax to (630) 407-2801, email to animalservices@dupageco.org or mail to 120 N County Farm Rd Wheaton, IL 60187.

_____ (initial here) **Ordering**

- Payment for the base tag fee must be submitted at the time of order.
- Rabies tags orders will not be filled if your veterinary practice falls 2 months or more behind in remitting rabies certificates and payment of intact fees.
- Please allow three business days for processing your order for either in-person pick up or mail order.
- Rush order may be processed by calling 630-407-2800

_____ (initial here) **Remittance**

- Intact fees are remitted with the completed rabies certificates and are due by the 10th day of each month following the month of inoculation.
- Tag registration certificates shall be sorted by tag type and returned in numerical order, low to high
- Payments may be made online via eCheck or Credit Card.
- Payments may be made via check either in person or by mail.

_____ (initial here) **Return of Unused Tags**

- All unused 2021 tags will be returned to DCAS no later than January 31, 2022.
- A credit will be applied to your hospital's account for returned tags. Open credits may be applied to future tag orders or any other outstanding invoices.
- Delinquent accounts will result in collection action.

Name (please print): _____

Clinic/Practice Name: _____





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Clinic/Practice Contact Information

Please complete this form and return to via fax to (630) 407-2801, email to animalservices@dupageco.org or mail to 120 N County Farm Rd Wheaton, IL 60187.

Clinic/Practice Name: _____

Primary Contact (Practice Owner or Manager)

Check box if you would like to receive DCAS e-newsletter & e-communications

Name: _____

Title: _____

Phone: _____

Email: _____

Secondary Contact (Billing & Rabies Tag Processing)

Check box if same as above

Check box if you would like to receive DCAS e-newsletter & e-communications

Name: _____

Title: _____

Phone: _____

Email: _____

Check below if you would like more information on becoming a partner for the following programs:

Low Income Spay/Neuter Partner

Low Cost Euthanasia Referral

Low Cost Behavioral Euthanasia Referral

