



CERTIFICATE OF EXEMPTION FROM RABIES VACCINATION

Name of Owner (Print)	Telephone Number
Physical Street Address	City, State, Zip
Animal Name	Age:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered	
Breed:	Color <input type="checkbox"/> Microchip #:

I have examined the dog indicated above and have determined that vaccination against rabies virus would endanger this dog's life because of disease or other considerations. I hereby request an exemption from rabies for the dog indicated above.

Describe nature and duration of disease or other considerations:

Veterinarian Name:	Phone Number:	
Veterinarian Signature:	CA License# :	Date:

Pet examined on: _____ Exemption will expire one year from the date examined.

By signing below, I acknowledge that I am the owner of the animal described above. I have been informed that this animal is exempt from rabies vaccination for a period of up to one year. I have also been informed of the following important information:

- This animal must be re-examined by the expiration date listed above. At that time the animal must either be vaccinated against rabies or if exemption status still applies a new certificate must be issued.
- Once the period of immunity from the last rabies vaccination has expired, this animal is not protected against rabies and as a result is at increased risk of becoming infected if exposed to a rabid animal.
- The animal must be confined to the premises of the owner. If the dog is off the premises, the dog must be on a leash not to exceed 6-feet in length and to be under the direct physical control of an adult.
- Exemption from rabies vaccination does not exempt the animal from other laws related to rabies.
- The animal shall not have contact with a dog or cat that is not currently vaccinated against rabies.

Owner Signature	Date Signed
-----------------	-------------

Rabies vaccination exemptions **will only be approved** for serious medical conditions. Examples include serious immune mediated disease (MHA), conditions requiring immune-suppressive therapy (cancer treatment), or previously documented serious adverse reactions to rabies vaccinations. Exemptions **will not be approved** in cases of: old age, weakness, pregnancy, minor reactions to the rabies vaccination (facial angioedema), reactions to non-rabies vaccinations and positive rabies titers as they are not conditions that warrant an exemption.

This Document must be processed in person or by mail. Please ensure payment is included.

For Internal use only: Approved Denied Signature: _____ Date: _____