



## Canine Rabies Vaccination Exemption Certificate

This completed form, signed and approved by the county health officer (county in which the canine resides), may be submitted in lieu of proof of rabies vaccination for purposes of securing a license for the indicated canine, as required by California law (17 CCR § 2606.4).

### Exemption from Canine Rabies Vaccination

Provided by \_\_\_\_\_ Animal Control FAX \_\_\_\_\_

Section 1 Owner Information		Canine Information	
Owner Name	_____	Canine Name	_____
Street Address	_____	Breed	_____
City	_____	Color	_____
County	_____ Zip _____	Markings	_____
Phone	_____	Male <input type="checkbox"/> Female <input type="checkbox"/> Altered <input type="checkbox"/> Age	_____

I affirm that I am the owner of the canine indicated above. If this exemption is approved by the county health officer, I understand that the canine:

- a) Will not receive the antirabies vaccine and will be at risk for contracting rabies;
- b) Will be considered unvaccinated and subject to disposition as outlined in the California Code of Regulations Title 17, §2606, including isolation and/or euthanasia, if it bites a person or has contact with a known or suspected rabid animal;
- c) May be licensed for a period up to one year, at which time the canine must be vaccinated against rabies or request for vaccination exemption must be resubmitted to, and approved by, the health officer;
- d) Must be confined to the premises indicated above and, when off premises, on a leash not exceeding six feet in length or in an enclosed animal carrier, and under the direct physical control of an adult;
- e) Shall have no contact with any animal that is not currently vaccinated against rabies.

I understand the consequences and accept all liability associated with owning a canine that has not received the canine antirabies vaccine. I hereby request an exemption from rabies vaccination for the canine indicated above.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section 2 Veterinarian Information	
Veterinarian Name	_____ Address _____
Clinic Name	_____ City _____
Phone	_____ County _____ Zip _____

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Veterinarian's signature \_\_\_\_\_ CA License No. \_\_\_\_\_ Date \_\_\_\_\_

**Veterinarian: please FAX this form to Public Health Services at (209) 468-8222**

Section 3 Local Public Health Department Use Only	Date Rec'd.
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Requested exemption is:  
 Approved      Until: \_\_\_\_\_       Disapproved  
 Comment(s): \_\_\_\_\_

Date: \_\_\_\_\_  
 Gordon Arakawa, M.D., PhD  
 Assistant Public Health Officer  
 Rabies Controller

**Please fax or mail all copies of this form to the addresses above**



## **Instructions for Completing the Exemption from Canine Rabies Vaccination Form**

Use this form when a canine owner requests rabies vaccine exemption.

### **Animal Control Agencies**

1. Fill in your agency name and fax number at the top of the form. Ordinarily the form will be provided by the Animal Control agency where the owner lives.
2. Mail or fax exemption form to the owner.
3. Retain the completed returned form for your records.

### **Canine Owner**

1. Fill out the owner information and canine information in Section 1.
2. You must fill out all of the information including address.
3. Read what your obligations and liabilities are if you elect to request an exemption.
4. Take your canine and the form to your veterinarian and discuss the exemption with the vet.
5. If your vet agrees to your request for exemption, sign the form in Section 1.

### **Veterinarian**

1. Fill out the veterinarian information in Section 2
2. Read and discuss the owner's obligations with them.
3. Evaluate the canine for exemption.
4. If you do not think the canine qualifies for an exemption you do not have to complete the form.
5. If in your professional judgment, the risk of rabies vaccine endangers the canine's life, sign the form explaining the reason you believe the canine qualifies for the exemption. If you need more room for explanation, attach a separate sheet.
6. Sign the form.
7. Fax it to San Joaquin County Communicable Disease Control (209) 468-8222.

### **Public Health Services**

1. The Assistant Health Officer will review the exemption request and determine if the exemption is granted or not and sign the form.
2. Copies of the completed form will be faxed or mailed to the canine owner, the veterinarian and the animal control agency.
3. Turnaround time will be from 1-3 weeks once the form is received.