

Rabies Vaccination Certificate

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

Exemption from Canine Rabies Vaccination

Owner Information	Dog Information
Owner Name _____	Dog 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 dog indicated above. If this exemption request is approved by the local health officer, I understand that the dog:

- 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 dog must be vaccinated against rabies or a request for vaccination exemption must be resubmitted to and approved by the local health officer;
- d) must be confined to the premises indicated above and, when off premises, on a leash not exceeding six feet in length and under the direct physical control of an adult;
- e) shall have no contact with any dog or cat that is not currently vaccinated against rabies.

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

Owner's signature _____ Date _____

Veterinarian Information

Veterinarian Name _____	Address _____
Clinic Name _____	City _____
Phone _____	County _____ Zip _____

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

Veterinarian's signature _____ CA License No. _____ Date _____

Please return this form to:

Los Angeles County Dept of Public Health
Veterinary Public Health Program
FAX 213-481-2375

For dogs residing in Los Angeles County, the LA County supplemental form must also be completed.

Local Health Department Use Only

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Approved Not Approved

Local Health Officer's signature _____ Date _____



VETERINARY PUBLIC HEALTH PROGRAM
 Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375
 publichealth.lacounty.gov/vet



**Los Angeles County Supplemental Form for
 Canine Rabies Vaccination Exemption Requests**

GENERAL INFORMATION

Rabies vaccination exemptions will only be approved for serious medical conditions. Examples include serious immune mediated disease (IMHA), conditions requiring immune-suppressive therapy (cancer treatment), or previously documented serious adverse reactions to a rabies vaccination. Old age, minor reactions to the rabies vaccination (facial angioedema), reactions to non-rabies vaccinations and positive rabies titers are not conditions that warrant an exemption.

Fax the following documents to : **213-481-2375**

1. This 1-page form, completed.
2. The 1-page State of California "Rabies Vaccination Certificate—Exemption from Canine Rabies Vaccination" form, completed.
3. Medical records relevant to exemption request (diagnosed health condition). Please fax no more than 5 pages **MAXIMUM**.

Responses to requests will be made within 5 working days (1 week). Requests not accompanied by all required documentation (see above) will not be processed. If approved, exemptions are **valid for one year only**. If the animal is unable to be immunized the following year, a new exemption request must be submitted.

THIS SECTION TO BE COMPLETED BY THE VETERINARIAN

Vet Name: _____ Dog Name: _____
 Clinic Name: _____ Owner Name: _____
 Phone: _____ Date dog last examined by veterinarian _____
 Fax: _____ (must be within past year): _____

REASON FOR EXEMPTION REQUEST

Documented health condition: _____
 Date of onset of clinical signs _____ Date diagnosed _____

**THIS SECTION FOR LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH,
 VETERINARY PUBLIC HEALTH PROGRAM USE ONLY**

- APPROVED. Expiration date: _____ Exemption# _____
 DENIED. Reason _____

Completed forms faxed to:

- Requesting veterinarian
 California Department of Public Health, Veterinary Public Health section
 Local Animal Control Agency. Name _____