

# 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

Owner Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

### Dog Information

Dog Name \_\_\_\_\_  
Breed \_\_\_\_\_  
Color \_\_\_\_\_  
Markings \_\_\_\_\_  
Male  Female  Altered  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:

**OC Animal Care**  
**1630 Victory Road**  
**Tustin, CA 92782**

For dogs residing in Orange County, the County of Orange supplemental form must also be completed.

### Local Health Department Use Only

Approved  Not Approved

Local Health Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

**COUNTY OF ORANGE SUPPLEMENTAL FORM FOR  
CANINE RABIES VACCINATION EXEMPTION REQUESTS**

In accordance with Health and Safety Code 121690, rabies vaccination exemptions will only be approved when a licensed veterinarian determines, on an annual basis, that a rabies vaccination would endanger the dog's life due to disease or other considerations. Examples include serious immune mediated disease (IMHA) under certain circumstances, conditions requiring immunosuppressive therapy such as chemotherapy, or previously documented life-threatening reactions to a rabies vaccination. Advanced age is not a condition that warrants an exemption. Rabies titers will not be accepted.

**Please complete the following forms and mail or return to OC Animal Care:**

1. County of Orange Supplemental Form For Canine Rabies Vaccination Exemption Requests
2. Rabies Vaccination Certificate – Exemption from Canine Rabies Vaccination
3. No more than 5 pages of medical records relevant to the qualifying condition(s).
4. \$65 annual non-refundable application fee – Make checks payable to OC Animal Care. The application fee does not include dog license. Contact your local animal control agency to obtain a dog license.

**IMPORTANT** – Requests not accompanied by all required documentation will be denied. Approved exemptions are **valid for one year**. If the dog is unable to be immunized the following year, new request forms, medical records and the application fee must be submitted.

<b>TO BE COMPLETED BY VETERINARIAN</b>	
Dog's Name: _____	Owner's Name: _____
Veterinarian's Name: _____	Owner's Address: _____
Clinic Name: _____	_____
Telephone Number: _____	Date of last veterinary examination
Fax Number: _____	(must be within past 12 months): _____
<b>REASON FOR EXEMPTION REQUEST</b>	
Documented Health Condition:	
_____	
_____	
Date of onset of clinical symptoms: _____	Date of diagnosis: _____
<b>FOR OFFICIAL COUNTY USE ONLY</b>	
<input type="checkbox"/> APPROVED      Expiration Date: _____	
<input type="checkbox"/> DENIED      Reason:	
_____	
Completed forms faxed to:	
<input type="checkbox"/> Requesting Veterinarian	
<input type="checkbox"/> California Department of Public Health, Veterinary Public Health Section	
<input type="checkbox"/> Local Animal Control Agency: _____	