

REQUEST FOR RABIES VACCINATION EXEMPTION FOR LICENSING AND INSPECTION PURPOSES

Virginia Department of Health

9/2015

Please submit this completed form as directed by your local health department. A directory of local health departments can be found at <http://www.vdh.virginia.gov/>.

According to the *Code of Virginia* §3.2-6521, the Board of Health shall, by regulation, provide an exemption to rabies vaccination requirements if an animal suffers from an underlying medical condition that is likely to result in a life-threatening condition in response to vaccination and such exemption would not risk public health and safety. For the purposes of rabies exposure response, such exemption shall mean that the animal is **considered unvaccinated** for rabies. For the purposes of dog and cat licensing and inspection by designated authorities, such exemption shall be considered in place of a current certificate of vaccination. Each exemption request is reviewed on an individual basis, and the submitting veterinarian may be asked to provide additional information as needed. Please submit the following information, including all associated medical information to support your request, for review. Please print clearly and fill in all information.

Veterinarian Information		
Name:		
Virginia License #:		
Address:		
City:	State:	Zip:
Practice name:		
Address:		
City:	State:	Zip:
Phone	FAX:	
Patient Information		
Patient name:	Age:	Date of birth:
Species: <input type="checkbox"/> Feline <input type="checkbox"/> Canine		
Breed:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Reproductive Status: <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact		

Owner Information		
Owner Name:	Phone:	
Address:		
City:	State:	Zip:
Medical History of Animal		
Reason for requesting exemption:		
Pre-existing conditions:		
Date(s) of diagnosis:		
Clinical signs:		
Rabies Vaccination History		
List all previous rabies vaccinations given. Specify date(s) of vaccination, type(s) of vaccine given and the manufacturer(s) of the vaccine:		
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Owner Education
Has the owner been informed that this is an exemption only for licensing and inspection purposes by designated authorities and that, if this animal is exposed to rabies, the locality will require euthanasia or up to 6 months strict isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the owner been informed about the possibility that the locality may require some restrictions in regard to this animal's movement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the owner been informed that businesses such as privately owned veterinary hospitals, grooming facilities, boarding facilities and dog parks may not accept an exemption certificate in lieu of a current rabies certificate and, therefore, an exempted animal's access to these facilities may be limited? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Veterinarian

Date

The veterinarian whose signature appears above has reviewed the Owner Education section of this application with me and I, the undersigned, understand that if my pet is granted a rabies vaccine exemption, the concepts presented in this section will or may apply.

Name of owner (printed)

Date

Signature of Owner

Owner's e-mail address: _____

RABIES VACCINATION EXEMPTION CERTIFICATE

RABIES VACCINATION EXEMPTION FOR LICENSING AND INSPECTION PURPOSES

Virginia Department of Health

7/2015

Date: _____

This certificate is valid until _____ (NOT to exceed 1 year from date of issuance)

Owner/Custodian name: _____ Phone #: (____) _____
Last First

Address: _____
Street City State ZIP Code

Animal name: _____ Species: _____ Breed: _____ Age: _____

Weight: _____ Color and Markings: _____

Sex: [] Male [] Female Neutered: [] Yes [] No

Microchip # or other permanent ID information if applicable: _____

I have examined the animal above and submitted a "Request for Rabies Vaccination Exemption for Licensing and Inspection Purposes" form and other information as requested by the local health department in regard to this exemption.

Veterinarian's signature: _____ License number: _____

Printed name: _____ Name of Practice: _____

Address: _____
Street City State ZIP Code

By signing above, I acknowledge that a valid veterinary-client-patient relationship has been established between the veterinarian, owner or custodian and animal to be exempted from rabies vaccination. Duration of exemption is limited to the anticipated duration of the animal's medical condition that precludes vaccination, not to exceed 1 year from date of issuance.

By signing below, I acknowledge that I am the owner or custodian of the animal described above. I have been informed that this animal is exempt from rabies vaccination for the time period noted above, and that I have been informed verbally and in writing of the following important information:

- This animal must be re-examined by the expiration date listed above and I am responsible for presenting the animal for re-examination. At that time, the animal must either be vaccinated against rabies or the process for exemption renewal should be initiated. _____/ Owners Initials
- This animal may be at increased risk of becoming infected if exposed to a rabid animal. _____/ Owners Initials
- Exemption from rabies vaccination does not exempt the animal from other laws related to rabies. If this animal is potentially exposed to rabies, the local health agency may require euthanasia or isolation for up to 6 months and a booster vaccine. If this animal bites a person it must be confined for 10 days as approved by local health agency. The local health agency should be alerted if this animal becomes ill with clinical signs compatible with rabies. _____/ Owner Initials
- It is recommended that the animal be closely observed when outside, walked on a leash and not allowed to run at large. Preventing the animal from coming into contact with suspect rabid animals such as raccoons, skunks, foxes, groundhogs and bats is recommended. _____/ Owners Initials

Owner's signature: _____ Date signed: _____

I have reviewed the information submitted by the veterinarian identified above and will provide a rabies vaccine exemption for licensing and general veterinary inspection purposes until the expiration date listed above

Health Director's signature: _____ Printed name: _____

Address: _____
Street City State ZIP Code