

**RENEWAL  
REQUEST FOR RABIES VACCINATION EXEMPTION FOR LICENSING AND INSPECTION  
PURPOSES**

Virginia Department of Health  
07/2019

Veterinarian Name:		Virginia License #:	
Practice Name:			
Practice Address:			
City:	State:	Zip:	
Phone:		Fax:	

Owner's Name:		Phone:	
Physical Address:			
City:	State:	Zip:	

Owner's Email Address:

Patient name:		Age:	
Species: <input type="checkbox"/> Feline <input type="checkbox"/> Canine		Date of birth:	
Breed:		Weight:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Reproductive Status: <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact	
Color and Markings:			
Microchip # or other permanent ID (if applicable):			
Time period exemption renewal is being requested for ( <u>not</u> to exceed one year duration):			

**Veterinary Affirmation and Signature**

I have examined the animal described above and acknowledge that a valid veterinary-client-patient relationship exists between the veterinarian, owner or custodian, and animal. **This animal was previously approved for a rabies vaccination exemption due to an underlying medical condition that is likely to result in a life-threatening condition in response to vaccination. The underlying medical condition is on-going.** I have reviewed the necessary educational information (as outlined on page 3 of the initial rabies exemption request form) with the owner and attest that a continuation of this animal's rabies vaccination exemption status would not pose a risk to public health and safety.

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinarian's Printed Name

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In accordance with the Code of Virginia § 3.2-6521, paragraph D, a rabies vaccination exemption has been granted for the animal described below. For the purposes of §§ 3.2-5902, 3.2-6526, and 3.2-6527, such exemption shall be considered in place of a current certificate of vaccination.

<b>Date Issued:</b>		<i>This exemption cannot be valid for a time period greater than one year from date of issuance.</i>
<b>Date Expires:</b>		

<b>Owner's Name:</b>	<b>Phone:</b>	
<b>Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Animal name:</b>	<b>Age:</b>
<b>Species:</b> <input type="checkbox"/> Feline <input type="checkbox"/> Canine	<b>Date of birth:</b>
<b>Breed:</b>	<b>Weight:</b>
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Reproductive Status:</b> <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact
<b>Color and Markings:</b>	
<b>Microchip # or other permanent ID (if applicable):</b>	

I have reviewed the information submitted by this animal's veterinarian and will issue a rabies exception for licensing and general veterinary purposes until the expiration date stated above.

\_\_\_\_\_  
Health Director's Signature

\_\_\_\_\_  
Printed Name

Address: \_\_\_\_\_  
Street City State Zip

*This exemption is not valid until signed by the District Health Director.*