



## 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: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Mailing Address\*\*: Street \_\_\_\_\_ City & Zip \_\_\_\_\_

\*\*Note: the mailing address cannot be a P.O. box.

#### Dog Information

Name: \_\_\_\_\_ Age of Dog: \_\_\_\_\_

Breed: \_\_\_\_\_ Markings: \_\_\_\_\_  Male  Female  Altered

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 anti-rabies 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 anti-rabies vaccine. I hereby request an exemption from rabies vaccination for the dog indicated above.

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

### VETERINARIAN INFORMATION

Veterinarian Name:	Clinic Name:
Veterinarian E-mail Address:	
Vet Address: Street _____	City & Zip _____
Veterinarian Phone Number:	County:

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:**

Dept. of Health and Human Services  
Division of Environmental Health  
100 H Street, Suite 100  
Eureka, CA 95501

Note: For dogs residing in Humboldt County, the Humboldt County supplemental form must also be completed.

#### \* LOCAL HEALTH DEPARTMENT USE ONLY \*

Approved  Not Approved

Local Health Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_