

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) with the onset of symptoms within 30 days of a rabies vaccination, conditions requiring immune-suppressive therapy such as chemotherapy, or previously documented serious adverse 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 steps 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 condition(s) noted on the forms
4. \$65 annual non-refundable application fee - Make check payable to OC Animal Care (City of Fullerton effective 4/1/2018; all other cities effective 9/1/2018)

IMPORTANT – Requests not accompanied by all required documentation will be denied. If approved, exemptions are **valid for one (1) year only**. If the dog is unable to be immunized the following year, a new exemption request must be submitted.

TO BE COMPLETED BY VETERINARIAN	
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): _____	
REASON FOR EXEMPTION REQUEST	
Documented Health Condition: _____ _____	
Date of onset of clinical symptoms: _____ Date of diagnosis: _____	
FOR OFFICIAL COUNTY USE ONLY	
<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: _____	