

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