

# 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