

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 | Dog Information |
|------------------------|--|
| Owner Name _____ | Dog Name _____ |
| Street Address _____ | Breed _____ |
| City _____ | Color _____ |
| County _____ Zip _____ | Markings _____ |
| Phone _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> Altered <input type="checkbox"/> 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: _____ fax: (909) 387-0125; or
_____ mail: Animal Care and Control - Rabies Exemption
351 N. Mt. View Avenue
San Bernardino, CA 92415-0003

Veterinarian will be contacted to provide supplemental information.

Local Health Department Use Only

Approved Not Approved

Local Health Officer's signature _____ Date _____