REQUEST FOR RABIES VACCINATION EXEMPTION FOR LICENSING AND INSPECTION PURPOSES

Virginia Department of Health

07/2019

Veterinarians who are considering applying for a rabies vaccine exemption are **strongly encouraged** to review the guidance document "Rabies Vaccination Exemptions in Virginia:

What Veterinarians Need to Know" available as part of the "Rabies Regulations and Exemptions" aspect of the Virginia Department of Health's website (http://www.vdh.virginia.gov/environmental-epidemiology/animal-contact-human-health/?tab=3.) prior to completing an application. This guidance reviews the law and best practices associated with exemptions including examples of medical conditions that may warrant exemptions.

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.

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/.

Veterinarian Information

Name:		
Virginia License #:		
Practice Name:		
Practice Address:		
City:	State:	Zip:
•		<u> </u>
Phone:	Fax:	

Owner Information

Owner's Name		Phone:	
Owner's Name:		Phone:	
Physical Address:		•	
City:	State:		Zip:
	Patient I	Informati	on
		1	
Patient name:		Age:	
Species: □ Feline □ Canir	ne	Date of	birth:
Breed:		Weight	
Sex: □ Male □ Fema	le	_	uctive Status: d
Color and Markings:		_ Baye	d lineatered lineate
Microchip # or other permanent II	D (if applicable	·):	
Time period exemption is being to	accepted for the	at ta avaa	ad ana yaar dayatian).
Time period exemption is being re	equested for (<u>n</u>	ioi to exce	ed one year duration):
	Medical His	story of A	nimai
Reason for requesting exemption	:		
Pre-existing condition(s):			
Date(s) of diagnosis:			
Clinical signs:			

Rabies Vaccination History

List all previous rabies vaccinations given.

Date of Vaccination	Product Name	Manufacturer	Vaccine Duration (1 year / 3 year)

Owner Education Necessary for Informed Consent

The owner and veterinarian shall discuss the following points, listed below, and initial next to each statement to indicate that both parties understand and consent that:

	Owner Initials	Veterinarian Initials
The person reviewing this information with the veterinarian is the legal owner or custodian of the animal and is able to provide informed consent for the purposes of this rabies exemption request.		
This exemption, if granted, will only be valid for the defined time period noted above (not to exceed one year duration).		
This animal must be reexamined by a veterinarian prior to the expiration date on a rabies exemption certificate, and it is the owner's responsibility to present the animal to the veterinarian for reexamination.		
At the time of reexamination, the animal must either be vaccinated against rabies, or the process for exemption renewal should be initiated.		
This animal may be at increased risk of becoming infected if exposed to a rabid animal.		
This animal should be closely observed when outside, walked on a leash, and not allowed to run at large.		
Preventing the animal from coming into contact with rabies vector species, such as raccoons, skunks, foxes, groundhogs, and bats, is recommended.		

Exemption from rabies vaccination does not exert other laws relating to rabies. This is an exemption inspection purposes by designated authorities.	·		
If this animal is exposed to rabies, the locality will up to four months strict isolation and a booster will be a support of the control of t	-		
If this animal bites a person it must be confined f by local health agency.	or 10 days as approved		
The local health agency shall be alerted, by the o veterinarian, if this animal becomes ill with clinic rabies.			
The locality may require some restrictions in regard movement.	ard to this animal's		
Businesses, such as privately owned veterinary h facilities, boarding facilities, and dog parks, may exemption certificate in lieu of a current rabies of therefore, an animal's access to these facilities m	not accept an ertificate, and		
Veterinary Affir	mation and Signature		
I have examined the animal described in this form relationship has been established between the ve considered for exemption from rabies vaccination	eterinarian, owner or cust	odian, and anir	•
I am submitting the "Request for Rabies Vaccinat form and am prepared to submit other informati regard to this exemption, as this animal suffers for result in a life-threatening condition in response to public health and safety.	on as requested by the loo om an underlying medica	cal health depa I condition that	rtment in is likely to
If granted, I understand that the duration of exer animal's medical condition that precludes vaccinal issuance.	-	-	
Veterinarian's Signature	Da	ate	
Veterinarian's Printed Name			

Owner Affirmation and Signature

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 vaccination exemption, the concepts presented within this form will apply to my animal.

I understand my obligations as an owner of an animal that may be considered exempted from rabies vaccination requirements for the purposes of animal licensing and inspection, and the inherent risks and limitations that may be placed upon my animal because of that exempted status.

I agree to make responsible choices to protect my animal from being exposed to rabies, and understand that if my animal is exposed, or potentially exposed, to rabies, this may result in a need to euthanize my pet or have my pet vaccinated and placed in strict isolation for up to four months.

Owner's Signature	Date	
 Owner's Printed Name		



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In accordance with the Code of Virginia § 3.2-6521, paragraph D, a rabies vaccination exemption has been granted for the animal described below. For the purposes of §§ 3.2-5902, 3.2-6526, and 3.2-6527, such exemption shall be considered in place of a current certificate of vaccination.

Date Issued:		This exemption cannot be valid for a time perio		n time neriod	
Date Expires:		greater than one year from date of issuance.			
Owner's Name:		Phone:	Phone:		
Physical Address:					
City:	State:	Z	lip:		
Animal name:		Age:		_	
Species: □ Feline □ Canin	ne	Date of birth	of birth:		
Breed:		Weight:	Veight:		
Sex: □ Male □ Femal	le	Reproductive Status: □ Spayed □ Neutered □ Intact			
Color and Markings:			·		
Microchip # or other permanent II) (if applicable	<u>:):</u>			
I have reviewed the information subr licensing and general veterinary purp	•			ies exception fo	
Health Director or Designee Signature	e	Printed Na	ame		
Address:					
Street		City	State	Zip	