



VETERINARY PUBLIC HEALTH PROGRAM  
 Tel. (213) 989-7060, or (877) 747-2243 Fax (213) 481-2375  
 publichealth.lacounty.gov/vet



**Los Angeles County Supplemental Form for Canine  
 Rabies Vaccination Exemption Requests**

**GENERAL INFORMATION**

Rabies vaccination exemptions will only be approved for serious medical conditions. Examples include serious immune mediated disease (IMHA), conditions require immune-suppressive therapy (cancer treatment), or previously documented serious adverse reactions to a rabies vaccination. Old age, minor reactions to the rabies vaccination (facial angioedema), reactions to non-rabies vaccinations and positive rabies titers are not conditions that warrant an exemption.

Fax the following documents to : **(213) 481-2375**

- 1) This 1-page form, completed.
- 2) The 1-page State of California "Rabies Vaccination Certificate - Exemption from Canine Rabies Vaccination" form, completed.
- 3) Medical records relevant to exemption request (diagnosed health condition). Please fax no more than 5 pages MAXIMUM.

Responses to requests will be made within 5 working days (1 week). Requests not accompanied by all required documentation (see above) will not be processed. If approved, exemptions are **valid for one year only**. If the animal is unable to be immunized the following year, a new exemption request must be submitted.

**THIS SECTION TO BE COMPLETED BY THE VETERINARIAN**

Vet Name:	Dog Name:
Clinic Name:	Owner Name:
Phone:	Date dog was last examined by veterinarian
Fax:	(must be within past year):

**REASON FOR EXEMPTION REQUEST**

Documented health condition:	
Date of onset of clinical signs:	Date diagnosed:

**THIS SECTION FOR LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, VETERINARY PUBLIC HEALTH PROGRAM USE ONLY**

<input type="checkbox"/> APPROVED. Expiration date:	Exemption #:
<input type="checkbox"/> DENIED. Reason	

Completed forms faxed to:

- Requesting veterinarian
- California Department of Public Health, Veterinary Public Health section
- Local Animal Control Agency. Name: \_\_\_\_\_

## 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 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 \_\_\_\_\_

Veterinary Public Health & Rabies Control  
 Please Return this Los Angeles County Department of Public Health  
 form to: 313 N. Figueroa St, Room 1127  
 Los Angeles, CA 90012  
 (213) 989-7060  
 (213) 418-2375 Fax

For dogs residing in Los Angeles County, the LA County Supplemental form must also be completed.

**Local Health Department Use Only**

Approved                       Not Approved

Local Health Officer's signature \_\_\_\_\_ Date \_\_\_\_\_