MODEL ANNUAL RABIES VACCINATION WAIVER FORM

Vaccinating domesticated animals against rabies both protects the individual animal against a virtually 100% fatal disease and also provides a crucial barrier between humans and wild animals that might carry rabies. Modern rabies vaccines are considered very safe and have a low incidence of adverse effects. However, some animals might require a waiver from rabies vaccination because the vaccination poses an unacceptably high risk to the health of the individual animal. This form may be used to request a waiver of the rabies vaccination requirement from public health authorities. Each vaccination waiver request should be renewed, if at all, on an annual basis following re-evaluation of the individual animal’s condition.

Patient Information:
Patient Name/Id Number: ___________________________ Age: ________ Date of birth: ____________
Species: □ Cat □ Dog □ Ferret
Breed: ___________________________________ Sex: □ Male □ Female
Sexually intact? □ Yes □ No
Weight: ____________________________ Colors: _______________________
Microchip? □ Yes If yes, microchip number ___________________________ □ No
Microchip Manufacturer: ____________________________________________
Tattoo? □ Yes If yes, describe: ___________________________________ □ No

Owner Information:
Owner Name: ________________________________ Phone: _________________
Street Address: __________________________________________________________________
City, State, Zip: _________________________________________________________________

Veterinarian Information (PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION):
Name: ___________________________ State veterinary license #: ________________
Date of request (mm/dd/yyyy): __________________________
Practice or Facility Name: __________________________________________________________
Street Address: __________________________________________________________________
City, State, Zip: _________________________________________________________________
Phone: ___________________________ Fax: ________________________________

Medical History of Animal:
Explicit reason for requesting rabies vaccination waiver (attach additional sheet if required):
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Dates of diagnosis: _________________________________________________________________________

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 (attach additional sheet if required):
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Adverse Event Reporting:
Per the AVMA policy entitled “Reporting Adverse Events,” veterinarians are encouraged to report adverse events. If the rabies vaccination waiver is being requested due to a previous adverse event experienced by the
animal, has the event been reported to the USDA Center for Veterinary Biologics (1-800-752-6255)?

☐ Yes  Date of report to USDA: _________________
☐ No

I have examined the animal above and determined that, in my professional opinion, there is considerable risk of harm to the animal from the administration of a rabies vaccine as required by law.

Signature of Veterinarian _____________________________________________ Date _______________________

Animal Owner’s Acknowledgment

By signing below, I acknowledge that I am the owner of the animal described above and that I have been informed of the following:

- If this request for rabies vaccination waiver is granted by the appropriate public health authorities, it is only effective until the date indicated below, and that I will need to submit a new request every year, which may or may not be granted.
- I should minimize the risk of the animal becoming exposed to rabies by keeping it on my premises or on a leash at all times and minimizing exposure to other animals, especially wild animals.
- A waiver from rabies vaccination does not exempt the animal from local or state regulations or laws related to rabies. If this animal is potentially exposed to rabies, or if the animal bites a person, public health authorities may require that the animal be quarantined and observed for signs of rabies, or euthanized immediately and tested for rabies.

Signature of Owner _________________________________________ Date _________________

Public Health Authority’s Determination

In accordance with the authority granted me by the laws and regulations of my jurisdiction, I have reviewed the information provided on this Request for Rabies Vaccination Waiver and I have determined that the request for rabies vaccination waiver is hereby:

☐ Denied  Reason: ____________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

☐ Granted until ___________________________ (not to exceed 1 year from issuance)

As proof of rabies vaccination waiver, a copy of this certificate must be:

- provided to the owner of the animal listed above;
- kept in the permanent veterinary medical record of the animal; and
- submitted to appropriate animal control authorities in lieu of a rabies vaccination certificate

Signature of Public Health Authority _____________________________________ Date __________

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