

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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