

Rabies Vaccination Certificate

This completed form, signed and approved by the local health officer in the county in which the dog or cat 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 or Feline Rabies Vaccination

Owner Information	Pet Information
-------------------	-----------------

Owner Name _____	Pet Name _____
Street Address _____	Breed _____
City _____	Color/Markings _____
Zip _____	Microchip # _____
Phone _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Altered <input type="checkbox"/> Age _____

I affirm that I am the owner of the pet indicated above. If this exemption request is approved by the local health officer, I understand that the pet:

- 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 pet 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 pet that has not received the antirabies vaccine. I hereby request an exemption from rabies vaccination for the pet indicated above. If an exemption is granted, I understand I will continue to pay the pet's licensing fee.

Owner's signature _____ Date _____

Veterinarian Information

Veterinarian Name _____	Address _____
Clinic Name _____	City _____
Phone _____	Zip _____

I have examined the pet indicated above and have determined that vaccination against the rabies virus would endanger this pet's life because of disease or other considerations. I hereby request an exemption from rabies vaccination for the pet indicated above.

Veterinarian's signature _____ CA license No. _____ Date _____

Please return this form to: San Mateo County Animal Licensing
PO Box 5127
Redwood City, CA 94063
Fax: 650-573-2576

For dogs and cats residing in San Mateo County, the SMC supplemental form must also be completed.

Local Health Department Use Only

Approved Not Approved

Local Health Officer's signature _____ Date _____

SAN MATEO COUNTY ANIMAL LICENSING
PO Box 5127, Redwood City, CA 94063
Tel: 650-573-3726 Fax: 650-573-2576
smchealth.org

**San Mateo County Supplemental Form for Rabies
Vaccination Exemption Requests**

GENERAL INFORMATION

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

Send the following documents to **San Mateo County Animal Licensing** or **Pet Data Inc.:**

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

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: _____ Pet Name: _____
Clinic Name: _____ Owner Name: _____
Phone: _____ Date pet 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 TO BE COMPLETED SAN MATEO COUNTY ANIMAL LICENSING STAFF ONLY

APPROVED Expiration Date: _____ License # _____
 DENIED Reason: _____

Completed forms faxed to:

- Requesting veterinarian
- PetData, Inc.
- California Department of Public Health, Veterinary Public Health Section

CANINE and FELINE RABIES VACCINATION EXEMPTION FORMS: FAQs

Why do I need to fill out two forms and submit a copy of the pet's medical records?

Two forms are required to apply for exemption from rabies vaccination: the State of California's "Rabies Vaccination Certificate – Exemption from Canine or Feline Rabies Vaccination," and the San Mateo County Supplemental form. The State of California's Certificate will be returned to the California Department of Public Health, Veterinary Public Health Section for statewide tracking of exempted animals. The completed Supplemental Form both establishes an official request specifically to San Mateo County, and allows for internal tracking. The medical records serve as supportive information for the condition for which exemption is sought. The records will be reviewed by the Peninsula Veterinary Medical Association's Rabies Vaccination Exemption Committee to assess the medical justification for exemption. Our goal is to make every effort to protect public health.

Which medical conditions are accepted for approval of exemption?

A list of diseases/conditions has not been defined for this process. However, veterinarians advocating for clients and veterinarians protecting the public should use professional judgment when assessing the risk of rabies vaccination to that of a pet's health status. Examples of serious medical conditions that may warrant exemption include, but are not limited to, immune-mediated diseases (e.g., IMHA), immunosuppressive therapy (cancer treatment), and severe adverse reactions to rabies vaccination. Old age, minor reactions to rabies vaccination, reactions to non-rabies vaccinations and positive rabies titers are not conditions that warrant an exemption.

What is the process for applying for an exemption?

Exemption requests must be completed by the pet's veterinarian. All requests must be submitted to [San Mateo County's Animal Licensing at PO Box 5127, Redwood City, CA 94063, fax \(650\) 573-2576](#) or to [PetData, Inc. P.O. Box 141929 Irving, TX 75014-1929, Call Toll Free: 1\(866\) 925-5906, Toll Free Fax: 1 \(888\) 738-5556](#) PetData, Inc. tracks the exemption requests and notifies the owner of granted exemptions, denied exemptions or incomplete requests. Licensing fees must still be paid on time regardless of exemption status.

For how long are approved exemptions valid?

Exemptions are valid for a maximum of one (1) year. If the animal's condition persistently precludes rabies immunization, a new request must be submitted annually.

What happens if the exempted pet is exposed to a rabid (or untested, potentially rabid) wild animal such as a bat, skunk, fox, raccoon, coyote, or opossum?

A rabies vaccination exemption may be used only for the purposes of obtaining a license for the indicated pet. The unvaccinated pet will be subjected to the same dispositions as other unvaccinated pets as outlined in the California Code of Regulations. For example, *vaccinated* pets exposed to rabid or potentially rabid animals (i.e., most wildlife, rabies reservoirs) are quarantined for 30 days, while *unvaccinated* pets would be subject to six (6) months quarantine and/or euthanasia.

What restrictions are imposed on the client/pet for not being rabies-vaccinated?

The pet must be confined to the premises indicated on the forms, or else on a six-foot (6') leash and under the direct physical control of an adult. Additionally, the pet cannot have contact with any animal that is not current with rabies vaccination.