

# 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

Owner Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

### Dog Information

Dog Name \_\_\_\_\_  
Breed \_\_\_\_\_  
Color \_\_\_\_\_  
Markings \_\_\_\_\_  
Male Female Altered 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 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 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 \_\_\_\_\_

Please return this form to:

Kern County Animal Services  
3951 Fruitvale Avenue  
Bakersfield, CA 93308

### Local Health Department Use Only

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

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