



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 _____
Street Address _____
City _____
County _____ Zip _____
Phone _____

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 _____
Clinic Name _____
Phone _____

Address _____
City _____
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 _____



Kern County Animal Services

SUPPLEMENTAL FORM

Exemption from Canine Rabies Vaccination

Rabies Exemption and Dog License Valid for a Maximum of One Year Only

Animal Information

Pet's Name: _____ Breed: _____

Age: _____ DOB: _____ Gender: _____ Color: _____

Microchip #: _____ Dog License #: _____

Veterinarian Information

Veterinarian Name: _____ CA License #: _____

Clinic Name: _____ Fax #: _____

Address: _____ City: _____ Zip: _____ County: _____

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 reason indicated below.

Please summarize medical reason for exemption:

Unacceptable Medical Conditions: Veterinarians advocating for clients and veterinarians protecting the public should use professional judgement when assessing the risk of rabies vaccination to that of a dog's health status. Old age, weakness, pregnancy, minor reactions to rabies vaccination (e.g., facial angioedema), reactions to non-rabies vaccinations and positive rabies titers are not conditions that warrant an exemption. **Exemptions are valid for a maximum of one (1) year only. Request for permanent exemptions do not exist.**

Veterinarian's Signature (required)

Date