

REQUEST FOR RABIES VACCINATION EXEMPTION FOR LICENSING AND INSPECTION PURPOSES

Virginia Department of Health

07/2019

Veterinarians who are considering applying for a rabies vaccine exemption are **strongly encouraged** to review the guidance document “Rabies Vaccination Exemptions in Virginia: What Veterinarians Need to Know” available as part of the “Rabies Regulations and Exemptions” aspect of the Virginia Department of Health’s website (<http://www.vdh.virginia.gov/environmental-epidemiology/animal-contact-human-health/?tab=3>.) prior to completing an application. This guidance reviews the law and best practices associated with exemptions including examples of medical conditions that may warrant exemptions.

According to the *Code of Virginia* §3.2-6521, the Board of Health shall, by regulation, provide an exemption to rabies vaccination requirements if an animal suffers from an underlying medical condition that is likely to result in a life-threatening condition in response to vaccination and such exemption would not risk public health and safety. For the purposes of rabies exposure response, such exemption shall mean that the animal is **considered unvaccinated** for rabies. For the purposes of dog and cat licensing and inspection by designated authorities, such exemption shall be considered in place of a current certificate of vaccination. Each exemption request is reviewed on an individual basis, and the submitting veterinarian may be asked to provide additional information as needed.

Please submit the following information, including all associated medical information to support your request, for review. Please print clearly and fill in all information.

Please submit completed forms to the Loudoun County Health Department at health@loudoun.gov, by fax at 703-771-5023, or by mail at PO Box 7000, Leesburg VA 20177-7000.

Veterinarian Information

Name:		
Virginia License #:		
Practice Name:		
Practice Address:		
City:	State:	Zip:
Phone:		Fax:

Owner Information

Owner's Name:		Phone:
Physical Address:		
City:	State:	Zip:

Patient Information

Patient name:	Age:
Species: <input type="checkbox"/> Feline <input type="checkbox"/> Canine	Date of birth:
Breed:	Weight:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Reproductive Status: <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact
Color and Markings:	
Microchip # or other permanent ID (if applicable):	
Time period exemption is being requested for (<u>not</u> to exceed one year duration):	

Medical History of Animal

Reason for requesting exemption:
Pre-existing condition(s):
Date(s) of diagnosis:
Clinical signs:

Rabies Vaccination History

List all previous rabies vaccinations given.

Date of Vaccination	Product Name	Manufacturer	Vaccine Duration (1 year / 3 year)

Owner Education Necessary for Informed Consent

The owner and veterinarian shall discuss the following points, listed below, and initial next to each statement to indicate that both parties understand and consent that:

	Owner Initials	Veterinarian Initials
The person reviewing this information with the veterinarian is the legal owner or custodian of the animal and is able to provide informed consent for the purposes of this rabies exemption request.		
This exemption, if granted, will only be valid for the defined time period noted above (not to exceed one year duration).		
This animal must be reexamined by a veterinarian prior to the expiration date on a rabies exemption certificate, and it is the owner's responsibility to present the animal to the veterinarian for reexamination.		
At the time of reexamination, the animal must either be vaccinated against rabies, or the process for exemption renewal should be initiated.		
This animal may be at increased risk of becoming infected if exposed to a rabid animal.		
This animal should be closely observed when outside, walked on a leash, and not allowed to run at large.		
Preventing the animal from coming into contact with rabies vector species, such as raccoons, skunks, foxes, groundhogs, and bats, is recommended.		

	Owner Initials	Veterinarian Initials
Exemption from rabies vaccination does not exempt the animal from other laws relating to rabies. This is an exemption <u>only</u> for licensing and inspection purposes by designated authorities.		
If this animal is exposed to rabies, the locality will require euthanasia, or up to four months strict isolation and a booster vaccination.		
If this animal bites a person it must be confined for 10 days as approved by local health agency.		
The local health agency shall be alerted, by the owner and/or the veterinarian, if this animal becomes ill with clinical signs compatible with rabies.		
The locality may require some restrictions in regard to this animal's movement.		
Businesses, such as privately owned veterinary hospitals, grooming facilities, boarding facilities, and dog parks, may not accept an exemption certificate in lieu of a current rabies certificate, and therefore, an animal's access to these facilities may be limited.		

Veterinary Affirmation and Signature

I have examined the animal described in this form and acknowledge that a valid veterinary-client-patient relationship has been established between the veterinarian, owner or custodian, and animal being considered for exemption from rabies vaccination for licensing and inspection purposes.

I am submitting the "Request for Rabies Vaccination Exemption for Licensing and Inspection Purposes" form and am prepared to submit other information as requested by the local health department in regard to this exemption, as this animal suffers from an underlying medical condition that is likely to result in a life-threatening condition in response to vaccination and such exemption does not pose a risk to public health and safety.

If granted, I understand that the duration of exemption is limited to the anticipated duration of the animal's medical condition that precludes vaccination, and shall not to exceed 1 year from date of issuance.

Veterinarian's Signature

Date

Veterinarian's Printed Name

Owner Affirmation and Signature

The veterinarian whose signature appears above has reviewed the Owner Education section of this application with me and I, the undersigned, understand that if my pet is granted a rabies vaccination exemption, the concepts presented within this form will apply to my animal.

I understand my obligations as an owner of an animal that may be considered exempted from rabies vaccination requirements for the purposes of animal licensing and inspection, and the inherent risks and limitations that may be placed upon my animal because of that exempted status.

I agree to make responsible choices to protect my animal from being exposed to rabies, and understand that if my animal is exposed, or potentially exposed, to rabies, this may result in a need to euthanize my pet or have my pet vaccinated and placed in strict isolation for up to four months.

Owner's Signature

Date

Owner's Printed Name

Owner's Email Address

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In accordance with the Code of Virginia § 3.2-6521, paragraph D, a rabies vaccination exemption has been granted for the animal described below. For the purposes of §§ 3.2-5902, 3.2-6526, and 3.2-6527, such exemption shall be considered in place of a current certificate of vaccination.

Date Issued:		<i>This exemption cannot be valid for a time period greater than one year from date of issuance.</i>
Date Expires:		

Owner's Name:	Phone:	
Physical Address:		
City:	State:	Zip:

Animal name:	Age:
Species: <input type="checkbox"/> Feline <input type="checkbox"/> Canine	Date of birth:
Breed:	Weight:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Reproductive Status: <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact
Color and Markings:	
Microchip # or other permanent ID (if applicable):	

I have reviewed the information submitted by this animal's veterinarian and will issue a rabies exception for licensing and general veterinary purposes until the expiration date stated above.

Health Director's Signature

Printed Name

Address: _____
Street
City
State
Zip

This exemption is not valid until signed by the District Health Director.