



General Information

We accept rabies vaccination exemption requests only when signed by both the veterinarian and dog owner. Forms may be submitted to the Department by the veterinarian and/or owner.

Rabies vaccination exemptions **will only be approved** for serious medical conditions. Examples include serious immune mediated disease (MHA), conditions requiring immune-suppressive therapy (cancer treatment), or previously documented serious adverse reactions to rabies vaccination. Exemptions **will not be approved** in cases of: old age, weakness, pregnancy, minor reactions to the rabies vaccination (facial angioedema), reactions to non-rabies vaccinations and positive rabies titers as they are not conditions that warrant an exemption.

Veterinarian: Accessing Forms

The **two attached forms are required** to apply for exemption from canine rabies vaccination. These forms can be accessed via our website at www.sddac.com (under Veterinary Partners).

FORM COMPLETION

- ▷ To avoid processing delays, please ensure all information is complete, and that both forms are submitted and signed by Veterinarian and Owner, where applicable. **Incomplete requests will not be processed and will be returned for completion.**
- ▷ Processing may take up to 15-business days from date of receipt.

Owner: Dog License (new/renewal) and Rabies Exemption Request

- ▷ **DOG LICENSING:** The owner of every dog three months of age and older is required by law to ensure his or her pet is currently vaccinated against rabies and licensed. Dog owners who fail to comply with rabies vaccination or licensing requirements are subject to costly penalties. *San Diego Code: vaccinated against rabies (SDCC Section 62.610) and licensed (SDCC Section 62.620[a]).*
- ▷ **RABIES EXEMPTION REQUEST:** If your dog requires a rabies exemption due to serious medical conditions determined by your veterinarian, you are still required to license your dog. **Rabies Exemption does not exempt your dog from the license requirement. Payment for Dog License Application (new/renewal) is required. Requests received without payment will not be processed.**
- ▷ **LICENSE FEES (required):** \$14.00 (Spayed/Neutered) • \$30.00 (Unaltered) • **Excludes** two and three year licensing. • If you are past due, there is an additional \$10 late fee charge.
- ▷ **EXPIRATION:** Dog License and Rabies Exemptions expire simultaneously, and are both valid for a maximum of one (1) year. If your dog's condition persistently precludes rabies immunization, a new request must be submitted annually along with the renewal of his/her Dog License Application.
- ▷ The **"Certification of Valid Dog License"** notification card will be mailed upon completion of transactions. Please allow 4-6 weeks.

SUBMITTAL OF FORMS & PAYMENT

**FORMS MAY BE SUBMITTED TO THE DEPARTMENT BY THE VETERINARIAN AND/OR OWNER.
SEND COMPLETED FORMS VIA:**

- a. **FAX:** 619-767-2647
- b. **EMAIL:** DASINFO@SDCOUNTY.CA.GOV
- c. **MAIL:** 5480 Gaines St., San Diego, CA 92110, Attn: Rabies Exemption
- d. **PAYMENT REQUIRED:** Submit the forms along with payment to ensure simultaneous posting. Payment for Dog License **must** be submitted with the exemption request on/or by the expiration date of the license. A \$10 late fee will apply for licenses submitted after the expiration date. Requests received without payment will not be processed.

FAX COMPLETED
FORM TO:

619-767-2647

OR BY MAIL TO:
County of San Diego
Dept. of Animal Services
5480 Gaines St.
San Diego, CA 92110

Rabies Vaccination Certificate

DEPT USE ONLY

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).

PID# _____
AID# _____
LIC# _____
EXP _____
OJ _____

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 (required): _____ 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 (required): _____ CA License No. _____ Date: _____

License Payment Required with Exemption Request

Excludes two and three year licensing

- \$14.00 (Spayed/Neutered) \$30.00 (Unaltered)
 If you are past due, there is an additional \$10 late fee

REQUIRED
FOR DOGS RESIDING IN SAN DIEGO COUNTY, THE
DAS SUPPLEMENTAL FORM ON PAGE TWO
MUST ALSO BE COMPLETED.

Local Health Department Use Only

Approved Not Approved

Local Health Officer's signature: _____ Date _____

County of San Diego
DEPARTMENT OF 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

Distribution Notification

The department will maintain original file, and notification of approval/denial will be distributed to:

- ▷ Requesting Veterinarian (may provide approved copy to client)
- ▷ California Department of Public Health, Veterinary Public Health section
- ▷ County of San Diego, Health and Human Services, Department of Public Health