



# 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).

**DEPT USE ONLY**

PID#: \_\_\_\_\_  
AID#: \_\_\_\_\_  
LIC#: \_\_\_\_\_  
EXP: \_\_\_\_\_  
OJ Loc: \_\_\_\_\_

## Exemption from Canine Rabies Vaccination

### Owner Information

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

### Dog Information

Dog Name: \_\_\_\_\_ Lic#: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Markings: \_\_\_\_\_  
Male  Female  Altered  Age: \_\_\_\_\_  
Microchip#: \_\_\_\_\_

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: \_\_\_\_\_  
Owner's email \_\_\_\_\_

### Veterinarian Information

Veterinarian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

### Supplemental Medical Information: Please indicate below the 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.**

Auto Immune Disease  Severe Reaction  Other \_\_\_\_\_

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 Lic#: \_\_\_\_\_ Date: \_\_\_\_\_  
Veterinarian's email \_\_\_\_\_

### MAIL WITH CHECK OR MONEY ORDER ONLY TO:

County Animal Services  
5821 Sweetwater Rd., Bonita, CA 91902  
Attention: Rabies Exemptions

**DO NOT FAX OR EMAIL**

### License Payment Required with Exemption Request:

- \$18.00 (Spayed/Neutered)  \$36.00 (Unaltered)
- Excludes two and three year licensing**
- \$20.00 (If you are past due, an additional \$10 late fee charge applies)

Rabies Exemption Request is **NOT AVAILABLE ONLINE**. TO APPLY IN PERSON, bring completed form with payment (check/cash/credit card) to the nearest County Animal Services during business hours to: 5821 Sweetwater Rd., Bonita, CA 92110 • 2481 Palomar Airport Rd., Carlsbad, CA 92011  
Business Hours: Tuesday through Sunday, 9:30 a.m. – 5:30 p.m., Closed Mondays and Holidays ) 619-767-2675 • [www.sddac.com](http://www.sddac.com)

Approved  Not Approved Local Health Officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_