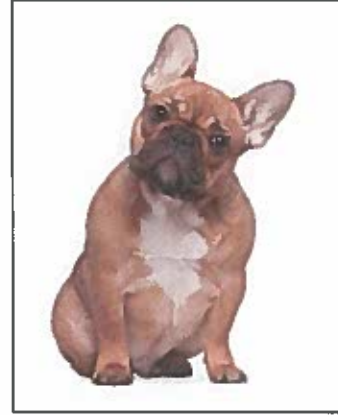


## Canine Rabies Vaccination Exemption Requests

### Background and Important Information

Per Health and Safety Code 121690, an exemption may be granted for the rabies vaccine if “a rabies vaccination would endanger the dog’s life.” Our office has worked to develop consistent standards for reviewing requests, referring to peer reviewed literature on adverse reactions to rabies vaccinations in dogs. In accordance with Health and Safety Code 121690, the exemption is valid for one year, after which the animal must either be vaccinated for rabies or another request must be submitted and approved. The law also requires the condition warranting the exemption be verified and documented by a veterinarian. OC Animal Care has jurisdiction over all rabies related issues in the County of Orange, regardless of whether your city is serviced by another animal care and control department; all requests must be approved by OC Animal Care.



Cases where an exemption may be approved include, but are not limited to:

- Life-threatening anaphylactic reaction immediately after administration of a rabies vaccine:
  - Signs consistent with anaphylactic shock
  - *Mild facial angioedema, hives, lethargy and/or localized reactions do not qualify as life-threatening*
- Dog is currently prescribed immuno-suppressive therapy for cancer or immune-mediated disease (*low dose prednisone is not considered immunosuppressive therapy*)
- Immune-mediated disease (such as IMHA), if:
  - Dog is still within first year after diagnosis, or
  - Onset was within one month of a rabies vaccination, or
  - More than one episode (i.e. relapses)
- Terminal prognosis (dog has fewer than three months to live in the opinion of presiding veterinarian).
- Short term exemptions (e.g. one month exemption for recovery from acute illness)

Exemptions will not be approved in the following cases: Old age, minor reactions to rabies or other vaccinations, positive rabies titers, severe reaction to vaccinations other than rabies, medical condition not documented or no documentation submitted, illegible requests.

### Submitting Rabies Vaccination Exemption Requests (2 Forms + Medical Records + \$65.00 Application Fee)

1. Owners and their private veterinarians must complete and submit the following forms:
  - a. State of California’s Rabies Vaccination Certificate – Exemption from Rabies Vaccination
  - b. County of Orange Supplemental Form for Canine Rabies Vaccination Exemption Requests
2. Submit up to 5 pages of medical records documenting the dog’s condition. Written letters from the presiding veterinarian will not be accepted in lieu of medical records.
3. Remit a \$65.00 non-refundable rabies exemption application processing fee to OC Animal Care.

*Owners will be notified of the outcome by mail (owners residing in a non-contract city will be notified by their local animal control). Please contact our Rabies Control Department at (714) 796-6421 if you need assistance.*

**COUNTY OF ORANGE SUPPLEMENTAL FORM FOR  
 CANINE RABIES VACCINATION EXEMPTION REQUESTS**

In accordance with Health and Safety Code 121690, rabies vaccination exemptions will only be approved when a licensed veterinarian determines, on an annual basis, that a rabies vaccination would endanger the dog's life due to disease or other considerations. Examples include serious immune mediated disease (IMHA) with the onset of symptoms within 30 days of a rabies vaccination, conditions requiring immune-suppressive therapy such as chemotherapy, or previously documented serious adverse reactions to a rabies vaccination. Advanced age is not a condition that warrants an exemption. Rabies titers will not be accepted.

**Please complete the following steps and mail or return to OC Animal Care:**

1. County of Orange Supplemental Form For Canine Rabies Vaccination Exemption Requests
2. Rabies Vaccination Certificate – Exemption from Canine Rabies Vaccination
3. No more than 5 pages of medical records relevant to the condition(s) noted on the forms
4. \$65 annual non-refundable application fee - Make check payable to OC Animal Care (City of Fullerton effective 4/1/2018; all other cities effective 9/1/2018)

**IMPORTANT** – Requests not accompanied by all required documentation will be denied. If approved, exemptions are **valid for one (1) year only**. If the dog is unable to be immunized the following year, a new exemption request must be submitted.

<b>TO BE COMPLETED BY VETERINARIAN</b>	
Dog's Name: _____	Owner's Name: _____
Veterinarian's Name: _____	Owner's Address: _____
Clinic Name: _____	_____
Telephone Number: _____	Date of last veterinary examination
Fax Number: _____	(must be within past 12 months): _____
<b>REASON FOR EXEMPTION REQUEST</b>	
Documented Health Condition: _____	
_____	
Date of onset of clinical symptoms: _____	Date of diagnosis: _____
<b>FOR OFFICIAL COUNTY USE ONLY</b>	
<input type="checkbox"/> APPROVED	Expiration Date: _____
<input type="checkbox"/> DENIED	Reason: _____
_____	
Completed forms faxed to:	
<input type="checkbox"/> Requesting Veterinarian	
<input type="checkbox"/> California Department of Public Health, Veterinary Public Health Section	
<input type="checkbox"/> Local Animal Control Agency: _____	

# 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 _____	Dog Name _____
Street Address _____	Breed _____
City _____	Color _____
County _____ Zip _____	Markings _____
Phone _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Altered <input type="checkbox"/> 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:

**OC Animal Care  
1630 Victory Road  
Tustin, CA 92782**

For dogs residing in Orange County, the County of Orange supplemental form must also be completed.

## Local Health Department Use Only

Approved  Not Approved

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