



VETERINARY PUBLIC HEALTH PROGRAM

Los Angeles County Supplemental Form for Canine Rabies Vaccination Exemption Requests

GENERAL INFORMATION

IMPORTANT: Applications will be automatically denied if the following are not included:

- 1. This 1-page form, completed. Submitted []
2. The 1-page State of California 'Rabies Vaccination Certificate—Exemption from Canine Rabies Vaccination' form, completed and signed by both the pet owner and veterinarian. Submitted []
3. Medical records relevant to exemption request (diagnosed health condition). Please no more than 5 pages MAXIMUM. Submitted []

Email the documents to: vet@ph.lacounty.gov or fax to 213-481-2375.

Applications and related communications will only be accepted from veterinarians, not dog owners. It is the applying veterinarian's responsibility to relay the approved or denied notice to the pet owner. Responses to requests will be made within 5 working days (1 week). If approved, exemptions are valid for one year only. If the animal is unable to be immunized the following year, a new exemption request must be submitted.

Rabies vaccination exemptions will only be approved for serious medical conditions. Examples include serious immune mediated disease (IMHA), conditions requiring immune-suppressive therapy (cancer treatment), or previously documented serious adverse reactions to a rabies vaccination. Old age, minor reactions to the rabies vaccination (facial angioedema), reactions to non-rabies vaccinations and positive rabies titers are not conditions that warrant an exemption. Adverse vaccine reactions should be reported to the vaccine manufacturer and USDA.

THIS SECTION TO BE COMPLETED BY THE VETERINARIAN

Veterinarian: _____ Clinic Name: _____

Phone: _____ Email/Fax: _____

Dog Name: _____ Owner Name: _____

Date dog last examined by veterinarian (must be within past year): _____

REASON FOR EXEMPTION REQUEST

Documented health condition: _____

If condition is an adverse vaccine reaction, was this reported to the vaccine manufacturer and USDA? yes [] no []

Date of onset of clinical signs: _____ Date diagnosed: _____

THIS SECTION FOR LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, VETERINARY PUBLIC HEALTH PROGRAM USE ONLY

[] APPROVED Expiration date: _____ Exemption# _____

[] DENIED Reason: _____

Approved exemption forms sent to:

[] Requesting veterinarian

[] California Department of Public Health, Veterinary Public Health section

[] Local Animal Control Agency; Name: _____