VETERINARY PUBLIC HEALTH PROGRAM
Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375
publichealth.lacounty.gov/vet

Los Angeles County Supplemental Form for Canine Rabies Vaccination Exemption Requests

COUNTY OF LOS ANGELES
Public Health

GENERAL INFORMATION

Rabies vaccination exemptions will only be approved for serious medical conditions. Examples include serious immune mediated disease (IMHA), conditions requiring immune-suppressive ther-apy (cancer treatment), or previously documented serious adverse reactions to a rabies vaccina-tion. 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.

Fax the following documents to : **213-481-2375**
1. This 1-page form, completed.
2. The 1-page State of California "Rabies Vaccination Certificate—Exemption from Canine Ra-bies Vaccination" form, completed.
3. Medical records relevant to exemption request (diagnosed health condition). Please fax no more than 5 pages MAXIMUM.

Responses to requests will be made within 5 working days (1 week). Requests not accompanied by all required documentation (see above) will not be processed. If approved, exemptions are **valid for one year only**. If the animal is unable to be immunized the following year, a new exemp-tion request must be submitted.

THIS SECTION TO BE COMPLETED BY THE VETERINARIAN

Vet Name: _____   Dog Name: _____

Clinic Name: _____   Owner Name: _____

Phone: _____   Date dog last examined by veterinarian

Fax: _____   (must be within past year):_____

REASON FOR EXEMPTION REQUEST

Documented health condition:_____

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_____

Completed forms faxed to:
   ☐ Requesting veterinarian
   ☐ California Department of Public Health, Veterinary Public Health section
   ☐ Local Animal Control Agency. Name_____