



2500 Bates Ave. Suite B, Concord, CA 94520 | Phone: 925.313.6740 | Fax: 925.313.6465

### Certificate of Exemption from Canine Rabies Vaccination

This completed form, signed and approved by the local health officer or designee in the county in which the dog resides, may be submitted in lieu of proof of rabies vaccination for purposes of securing a one-year license for the indicated dog, as required by California law (17 CCR § 2606.4).

#### Owner Information

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

#### Dog Information

Last Rabies Vaccine Received Date \_\_\_\_\_  
Dog Name \_\_\_\_\_  
Breed \_\_\_\_\_  
Color/markings \_\_\_\_\_  
Male  Female  Altered  Age \_\_\_\_\_  
Initial Application  Renewal Application

I affirm that I am the owner of the dog indicated above. If this exemption is approved by the local health officer or designee, I understand that the dog:

- a) will not receive the rabies 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 or designee;
- 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 rabies 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 rabies virus is likely to lead to a fatal outcome because of a confirmed disease or condition, named below, which has been demonstrated to be associated with severe morbidity/mortality following revaccination for rabies. I hereby request a one-year exemption from rabies vaccination for this dog.

Diagnosis: \_\_\_\_\_

Veterinarian's signature: \_\_\_\_\_ CA License No.: \_\_\_\_\_ Date: \_\_\_\_\_

#### Local Health Department Use Only

Requested exemption is:  Approved Until \_\_\_\_\_  
 Disapproved Reason(s) \_\_\_\_\_

Contra Costa County Health Officer  
By: \_\_\_\_\_ (Designee) Date: \_\_\_\_\_

Please mail this form and veterinary medical record as required to: Public Health - 2500 Bates Ave. Suite B Concord, CA 94520