

Canine Rabies Exemption Protocol

Please note that there has only been one (1978) positive canine rabies tests in Alameda County since 1960. One of the reasons for this is because the State of California requires that dogs over 4 months of age be vaccinated for rabies. Because there is no treatment for rabies, it is important to prevent it in the first place.

KEY POINTS

- Canine rabies exemption requests and communications must be submitted by the veterinarian, not the dog owner.
- A complete exemption packet includes BOTH the Alameda County supplemental form and the state Rabies Vaccination Certificate exemption request form, dog owner's signature, veterinarian signature, and up to 10 pages of medical records. Incomplete exemption requests will be denied.
- Only health conditions that fit the evidence-based criteria for exemption may be approved (see below).
- Dogs granted a rabies vaccination exemption are considered unvaccinated and must abide by rabies laws for unvaccinated pets. Only **one** rabies exempt animal is allowed per household.
- **EXEMPTIONS ARE ONLY VALID FOR 1 YEAR.** Permanent exemptions do not exist, and a rabies exemption application must be submitted each year an exemption is requested.
- California does not accept positive rabies titers in lieu of a rabies vaccine.
- These exemptions are for dogs only. Contact your local animal services agency for cat-related rabies vaccine or licensing concerns.

Application checklist

- Rabies Vaccination Certificate—Exemption from Canine Rabies Vaccination
- Alameda County Supplemental Form for Canine Rabies Vaccination Exemption Request
- Medical records relevant to exemption request, diagnosing medical condition (up to 10 pages)

Complete and submit forms by mail to:

Alameda County Vector Control Services District

1131 Harbor Bay Parkway, #166

Alameda, CA 94502-6577

Or by email to: valerie.ahlgren@acgov.org

Alameda County Vector Control Services District strives to process the request within 30 days. A written decision will be provided to the submitting veterinarian by email or fax. Dog owners can also request a copy of the written decision by email. Outside of that timeframe, if you do not hear back about your

request, please contact Valerie Ahlgren by email at valerie.ahlgren@acgov.org or the Alameda County Vector Control Services District Office at (510) 567-6800 or by email at ehvector1@acgov.org.

Background

In Alameda County, canine rabies exemption requests are processed by Alameda County Vector Control Services District, and approved or denied by the Local Health Officer. The California Law states that a rabies vaccination exemption may be granted if “a rabies vaccination would endanger the dog’s life.” The medical condition warranting the exemption must be documented. Notably, this law applies to dogs only. Contact your local animal services agency for cat-related rabies vaccine or licensing concerns. The laws and regulations pertaining to rabies can be found here:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CARabiesLawsandRegulations.pdf>

Canine rabies vaccination exemption requests must be submitted to Alameda County Vector Control Services District by the veterinarian, not the dog owner. A complete exemption request includes BOTH the local and state exemption forms, dog owner’s signature, veterinarian’s signature, and up to 10 pages of medical records documenting the dog’s medical condition related to the request. Incomplete exemption requests will be denied.

Only health conditions that fit the evidence-based criteria for exemption may be approved. Dogs that are approved for a rabies exemption are considered UNVACCINATED and must abide by rabies laws for unvaccinated pets (full details found at link above). These laws include:

- Dog must be confined to the premises of the owner
- When off the premises, dog must be on a leash (< 6ft in length)
- Dog cannot have any contact with any animal that is not currently vaccinated against rabies (including cats and dogs)

Only one dog in a household can have a rabies vaccination exemption. Exemptions are only valid for a period of 1 year. Permanent exemptions do not exist. California does not accept positive rabies titers in lieu of a rabies vaccine. If an exempted dog is exposed to a rabid (or potentially rabid) animal, the dog will be considered unvaccinated, and will be subject to 6 months (180 days) quarantine and/or euthanasia.

Medical conditions that may be accepted for exemptions:

- Life-threatening anaphylactic reaction soon after administration of a rabies vaccine
 - Signs consistent with anaphylactic shock/collapse
- Immune-mediated hemolytic anemia (IMHA)/Immune-mediated thrombocytopenia (IMTP), if
 - Dog is still within first year after diagnosis, or
 - Onset was within 1 month of a rabies vaccination, or
 - More than one episode (i.e. documented relapses)
- Polyradiculoneuropathy if
 - Dog is still within the first year of diagnosis, or
 - Onset was within 1 month after rabies vaccination
- Dog currently on immunosuppressive therapy for cancer or immune-mediated disease
 - Low dose prednisone is not considered immunosuppressive therapy

- Terminal prognosis
 - Dog has fewer than 3 months to live in the opinion of presiding veterinarian
 - Must be specifically documented in the medical record

Medical conditions that DO NOT qualify for an exemption:

- Old age
- Positive rabies antibody titers (California does not recognize rabies titers in lieu of a rabies vaccine)
- Minor or moderate reactions (including injection site reactions, mild facial angioedema, or hives) to rabies vaccination
- Reaction to vaccinations other than rabies
- History of neoplasia and dog is not currently on immunosuppressive therapy
- Medical condition not documented, or no documentation submitted
- Short-term exemptions (e.g. 1-month exemption for recovery from acute illness). In these cases, please work with your local animal services agency to request a temporary delay.
- Illegible or incomplete requests

If you have any questions regarding this process, please contact Valerie Ahlgren by email at valerie.ahlgren@acgov.org. You may also contact the front office at (510) 567-6800 or by email at ehvector1@acgov.org.



Alameda County Supplemental Form for Canine Rabies Vaccination Exemption Request



GENERAL INFORMATION

Rabies vaccination exemptions will only be approved for life threatening medical conditions. Examples include serious immune mediated disease (e.g. immune-mediated hemolytic anemia), conditions requiring immune-suppressive therapy (cancer treatment), or previously documented serious adverse reactions to a rabies vaccination (e.g. anaphylaxis). Old age, minor reactions to the rabies vaccination (e.g. facial angioedema), reactions to non-rabies vaccinations and positive rabies titers are not conditions that warrant an exemption.

The following completed documents must be submitted:

1. **State of California "Rabies Vaccination Certificate – Exemption from Canine Rabies Vaccination Form".**
2. **Alameda County Supplemental Form for Canine Rabies Exemption Request.**
3. **Medical records relevant to exemption request (diagnosed medical condition).**

Requests not accompanied by all required documentation will not be processed. **If approved, exemptions are valid for only one year.** If the dog is unable to be immunized the following year, a new set of exemption requests must be submitted.

THIS SECTION TO BE FILLED BY THE VETERINARIAN

Veterinarian Name: _____ Dog Name: _____

Clinic Name: _____ Owner Name: _____

Clinic Address: _____ Owner Address: _____

Phone: _____ Fax: _____

REASON FOR EXEMPTION

Documented medical condition: _____

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

THIS SECTION TO BE FILLED ALAMEDA COUNTY PUBLIC HEALTH OFFICER

APPROVED. Expiration date: _____

DENIED. Reason: _____

Alameda County Health Officer (or designee) signature: _____

Please return forms to: ALAMEDA COUNTY VECTOR CONTROL SERVICES DISTRICT
1131 Harbor Bay Parkway, #166
Alameda, CA 94502-6577

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:

Alameda County VCSD
1131 Harbor Bay Parkway, Suite #166
Alameda, CA 94502-6577

Local Health Department Use Only

Approved Not Approved

Local Health Officer's signature _____ Date _____