



# 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