

Vaccination Waiver Request

Date _____

Caretaker's Name _____

Address _____

Dog's Name _____ Sex _____ Breed _____

Birthdate _____ Color _____

I certify that I have examined the animal described. To the best of my knowledge and belief, the statements indicated below are true. This dog is:

_____ Free from infectious, contagious and/or communicable disease for the past _____ days/months.

_____ In good physical condition.

_____ The dog's caretaker states no known exposure to rabies or other communicable diseases within the past _____ days/months.

_____ The county of residence is not under a rabies quarantine.

_____ The caretaker states that the animal has not bitten anyone within the last 10 days.

_____ I recommend that this animal be exempt from the requirement for rabies vaccination because the rabies vaccines, as instructed by the vaccine manufacturers, are for use in healthy animals only.

_____ The animal named above is not considered to be healthy because this animal is currently in treatment for the following medical condition:
_____.

_____ The animal named above has had an anaphylactic reaction to a prior rabies vaccination and further vaccination could result in serious illness or death.

Veterinarian's Signature

License Number

Date