Sample: Certificate of Exemption from Rabies Immunization

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| --- | --- |
| Issue Date: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OWNER / CUSTODIAN IDENTIFICATION (please print) | | | | | | | | | | | | |
| Name: | | |  | | | | | Phone # (optional): | | | |  |
| Address: | | |  | | | | | Email (optional): | | | |  |
| ANIMAL IDENTIFICATION | | | | | | | | | | | | |
| Animal Name: | | |  | | | | | | | | | |
| Species: | 🞎 Dog 🞎 Cat 🞎 Ferret 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Breed: | |  | |
| Sex: | 🞎 Male 🞎Neutered  🞎 Female 🞎 Spayed | | | Age: | | Colour: | |  | | | | |
| Markings if any: | |  | | | | |
| 🞎 Microchip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 🞎 Tattoo #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Other permanent means of identifying the animal, if any: | | | | | |  | | | | | | |
| Weight/Approximate Size: | | | | | |  | | | | | | |
| VACCINE HISTORY (check one) | | | | | | | | | | | | |
| 🞎 No known rabies immunization history | | | | | | | | | | | | |
| 🞎 Most recent rabies immunization certificate presented | | | | | Date of immunization: | | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | | | | | |
| 🞎 Previous rabies immunization reported by owner/custodian | | | | | Date of immunization: | | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | | | | | |
| 🞎Adverse effects/reaction to previous rabies immunizations, if any | | | | |  | | | | | | | |
| ASSESSMENT INFORMATION | | | | | | | | | | | | |
| 🞎 Medical condition precluding immunization/re-immunization | | | | | | | Date of assessment:  \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | | | | | |
| DURATION OF EXEMPTION FROM IMMUNIZATION/RE-IMMUNIZATION (check one) | | | | | | | | | | | | |
| 🞎 Exempted until \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | | | | | | |
| INFORMATION | | | | | | | | | | | | |
| Location where exemption is issued (building, address, city): | | | | |  | | | | | | | |
| Veterinarian Name (print): | | | | |  | | | | | | | |
| Veterinarian Contact Information: | | | | |  | | | | | | | |
| Signature: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date: | | \_\_\_\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_  mm dd yyyy | | |

Note: Please refer to *Legislative Overview Rabies* for details on using this document