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