Los Angeles County Supplemental Form for Canine Rabies Vaccination Exemption Requests

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

Fax the following documents to: 213-481-2375
1. This 1-page form, completed.
3. Medical records relevant to exemption request (diagnosed health condition). Please fax no more than 5 pages MAXIMUM.

Responses to requests will be made within 5 working days (1 week). Requests not accompanied by all required documentation (see above) will not be processed. If approved, exemptions are valid for one year only. If the animal is unable to be immunized the following year, a new exemption request must be submitted.

THIS SECTION TO BE COMPLETED BY THE VETERINARIAN

Vet Name: ___________________________  Dog Name: ___________________________
Clinic Name: ___________________________  Owner Name: ___________________________
Phone: ___________________________  Date dog last examined by veterinarian
Fax: ___________________________  (must be within past year):__________________

REASON FOR EXEMPTION REQUEST

Documented health condition:_________________________________________________________________

Date of onset of clinical signs____________________Date diagnosed_______________________________

□ APPROVED. Expiration date:____________________Exemption#____________________

□ DENIED. Reason___________________________________________________________________

Completed forms faxed to:
□ Requesting veterinarian
□ California Department of Public Health, Veterinary Public Health section
□ Local Animal Control Agency. Name______________________________________________

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