

**COUNTY OF ORANGE SUPPLEMENTAL FORM FOR
CANINE RABIES VACCINATION EXEMPTION REQUESTS**

In accordance with Health and Safety Code 121690, rabies vaccination exemptions will only be approved when a licensed veterinarian determines, on an annual basis, that a rabies vaccination would endanger the dog's life due to disease or other considerations. Examples include serious immune mediated disease (IMHA) with the onset of symptoms within 30 days of a rabies vaccination, conditions requiring immune-suppressive therapy such as chemotherapy, or previously documented serious adverse reactions to a rabies vaccination. Advanced age is not a condition that warrants an exemption. Rabies titers will not be accepted.

Please complete the following forms and mail to OC Animal Care or fax to (714) 935-6373:

1. County of Orange Supplemental Form For Canine Rabies Vaccination Exemption Requests
2. Rabies Vaccination Certificate – Exemption from Canine Rabies Vaccination
3. No more than 5 pages of medical records relevant to the condition(s) noted on the forms.

IMPORTANT – Requests not accompanied by all required documentation will be denied. If approved, exemptions are **valid for one (1) year only**. If the dog is unable to be immunized the following year, a new exemption request must be submitted.

TO BE COMPLETED BY VETERINARIAN	
Dog's Name: _____	Owner's Name: _____
Veterinarian's Name: _____	Owner's Address: _____
Clinic Name: _____	_____
Telephone Number: _____	Date of last veterinary examination
Fax Number: _____	(must be within past 12 months): _____
REASON FOR EXEMPTION REQUEST	
Documented Health Condition:	

Date of onset of clinical symptoms: _____	Date of diagnosis: _____
FOR OFFICIAL COUNTY USE ONLY	
<input type="checkbox"/> APPROVED Expiration Date: _____	
<input type="checkbox"/> DENIED Reason: _____	

Completed forms faxed to:	
<input type="checkbox"/> Requesting Veterinarian	
<input type="checkbox"/> California Department of Public Health, Veterinary Public Health Section	
<input type="checkbox"/> Local Animal Control Agency: _____	