



ANIMAL CARE SERVICES BUREAU

7700 E. Spring Street
Long Beach, CA 90815
Phone: (562) 570-PETS Fax: (562) 570-3053
www.longbeach.gov/acs

HOURS of OPERATION

Wednesday thru Friday 10:00 AM-5:30 PM
Saturday thru Sunday 10:00 AM-4:00 PM
Closed: Monday - Tuesday & Holidays



EXEMPTION FROM CANINE RABIES VACCINATION

The following steps need to be completed to apply for a canine rabies vaccination exemption

1. Dog Owner completes "Owner and Dog Information" sections of the following (3) forms:
 - a. ACS Exemption from Canine Rabies Vaccination form
 - b. State of California's "Rabies Vaccination Certificate – Exemption from Canine Rabies Vaccination" form
 - c. LA County Supplemental form
2. Veterinarian completes "Veterinarian Information" section of above listed forms, including copies of supporting medical records.
3. Dog owner submits all (3) forms, including medical documentation, to City of Long Beach, Animal Care Services for review.
4. Local Health Officer, or designee, reviews forms and supporting medical documentation for approval or denial of one year rabies vaccination exemption.
5. Owner contacted regarding exemption status.

OWNER INFORMATION (Print Clearly)

Name: _____
Last Name First Name MI

Address: _____

City: _____ **Zip:** _____

Phone: _____

DOG INFORMATION

MALE **Dog Name:** _____

FEMALE **Breed:** _____

SPAYED **Age:** _____ **Weight:** _____

NEUTERED **Size:** _____ **Color(s):** _____

I affirm that I am the owner of the dog indicated above. If this exemption **Microchip#:** _____ request is approved by the local health officer, I understand that the dog:

- a) will not receive the anti-rabies vaccine and will be at risk for contracting rabies;
- b) will be considered unvaccinated and subject to disposition as outlined in the City of Long Beach Municipal Code 6.12.110 , including isolation and/or euthanasia, if it bites a person or has contact with a known or suspected rabid animal;
- c) may be licensed for a period up to one year, at which time the dog must be vaccinated against rabies or a request for vaccination exemption must be resubmitted to and approved by the local health officer;
- d) must be confined to the premises indicated above and, when off premises, on a leash not exceeding six feet in length and under the direct physical control of an adult;
- e) shall have no contact with any dog or cat that is not currently vaccinated against rabies.

I understand the consequences and accept all liability associated with owning a dog that has not received the canine anti-rabies vaccine. I hereby request an exemption from rabies vaccination for the dog indicated above. This deferment shall be valid for a maximum period of one (1) year from the date of this certificate, at which time the condition of this animal must be re-evaluated or the inoculation administered.

In addition to the written, dated and signed statement of the licensed veterinarian, this deferment shall be approved by the authority of the local Health Officer or designee.

Animal Owner Signature: _____ **Date:** _____

VETERINARIAN INFORMATION

Veterinarian Name: _____ **Address:** _____

Clinic Name: _____ **City:** _____

Phone: _____ **County:** _____ **Zip Code:** _____

I have examined the dog indicated above and have determined that vaccination against the rabies virus would endanger this dog's life because of disease or other considerations. I hereby request an exemption from rabies vaccination for the dog indicated above.

VETERINARIAN SIGNATURE: _____ **CA License No:** _____ **Date:** _____

LOCAL HEALTH DEPARTMENT USE ONLY

APPROVED **DENIED**

LOCAL HEALTH OFFICER'S SIGNATURE: _____ **Date:** _____