

Sample: Certificate of Exemption from Rabies Immunization

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: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: _____	Breed:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Age:
	Colour: Markings if any:
<input type="checkbox"/> Microchip # _____	<input type="checkbox"/> Tattoo # _____
Other permanent means of identifying the animal, if any:	
Weight/Approximate Size:	
VACCINE HISTORY (check one)	
<input type="checkbox"/> No known rabies immunization history	
<input type="checkbox"/> Most recent rabies immunization certificate presented	Date of immunization: _____ / _____ / _____ mm dd yyyy
<input type="checkbox"/> Previous rabies immunization reported by owner/custodian	Date of immunization: _____ / _____ / _____ mm dd yyyy
<input type="checkbox"/> Adverse effects/reaction to previous rabies immunizations, if any	
ASSESSMENT INFORMATION	
<input type="checkbox"/> Medical condition precluding immunization/re-immunization	Date of assessment: _____ / _____ / _____ mm dd yyyy
DURATION OF EXEMPTION FROM IMMUNIZATION/RE-IMMUNIZATION (check one)	
<input type="checkbox"/> 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