Sample: Certificate of Exemption from Rabies Vaccination

(Include Clinic Name and Address or, for Rabies Clinics, include location where exemption is issued)

Issue Date:	_____ / _____ / _____ mm dd yyyy

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:		
☐ Microchip #_____			☐ Tattoo #_____		
Other permanent means of identifying the animal, if applicable:					
Weight/Approximate Size:					

VACCINE HISTORY (check one)		
☐ No known rabies vaccination history		
☐ Most recent rabies vaccination certificate presented	Date of vaccination:	_____ / _____ / _____ mm dd yyyy
☐ Previous rabies vaccination reported by owner/custodian	Date of vaccination:	_____ / _____ / _____ mm dd yyyy
☐Adverse effects/reaction to previous rabies vaccinations, if any		

ASSESSMENT INFORMATION	
☐ Medical condition precluding vaccination/revaccination	Date of assessment: _____ / _____ / _____ mm dd yyyy

DURATION OF EXEMPTION FROM VACCINATION/REVACCINATION (check one)
☐ Exempted until _____ / _____ / _____/_____ mm dd yyyy

INFORMATION			
Location where exemption is issued (building, address, city):			
Veterinarian Name (print):			
Signature:	_____	Date:	_____ / ____ / _____ mm dd yyyy