Certificate of Exemption From Rabies Vaccination

Date of Exam: _____

A copy of this certificate must be provided to the owner of the animal listed below and kept as proof of temporary exemption. For dogs, this certificate must be presented with an application for a dog license.

Owner Name: _____ _____ Tel. No: _____
First Last

Address: _____
Street City State Zip

Animal Name: _____ Species: _____ Breed: _____Sex: □ M □ F

Age: _____ Weight: _____ Colors: _____ Neutered: □ Yes □ No

Microchip Number (if applicable): _____

Rabies vaccination must be administered to domestic pets and wolf-hybrids prior to the age of four months unless in the judgment of the veterinarian the animal's medical condition would prevent the development of adequate immunity to rabies. **Animals so exempted must be inoculated against rabies as soon as their medical condition permits**. The animal described above has been examined by me and determined to be temporarily exempt from the Vermont state law requiring rabies vaccination.

Describe nature and duration of health risk: _____

_____

Veterinarian's Signature: _____License#:_____

Printed Name: _____

Address: _____
Street City State Zip

By signing below, I acknowledge that I am the owner of the animal described above. I have been informed that this animal is temporarily exempt from rabies vaccination. I have also been informed of the following important information:

- **This animal must be inoculated against rabies as soon as the medical condition permits.**
- This animal is not currently vaccinated against rabies, and as a result is at an increased risk of becoming infected if exposed to a rabid animal. I should minimize the risk of the animal becoming exposed to rabies by keeping it on my premises or on a leash at all times and avoid exposure to other animals, especially wild animals.
- Exemption from rabies vaccination does not exempt the animal from other Vermont state laws related to rabies. If this animal is potentially exposed to rabies, or if the animal bites a person, public health authorities may require that the animal be quarantined and observed for signs of rabies or euthanized immediately and tested for rabies.

Owner's signature: _____ Date signed: _____