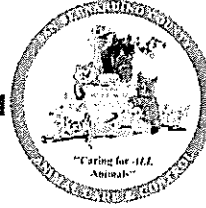


DEPARTMENT OF PUBLIC HEALTH



COUNTY OF SAN BERNARDINO

Animal Care & Control Program
351 N. Mt. View Avenue
San Bernardino, CA 92415-0003
Toll Free 1-800-472-5609 *Fax (909) 387-0125

TRUDY RAYMUNDO
Assistant Director of Public Health

MAXWELL OHIKHUARE, M.D.
Health Officer

January 23, 2012

To Whom It May Concern:

On January 1, 2012 the California Health and Safety Code Section 121690. Rabies Areas Licensing, Vaccinations, was amended to allow dogs to be exempt from the rabies vaccination requirements 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 that the veterinarian can verify and document.

The owner and veterinarian must complete the attached State of California's "Rabies Vaccination Certificate - Exemption from Canine Rabies Vaccination," form and submit it to the local health officer for approval of an exemption from the canine antirabies vaccine.

Submit exemption requests to the following address:

Animal Care and Control - Rabies Exemption
351 N. Mt. View Avenue
San Bernardino, CA 92415-0003

The completed forms noting approval or denial will be returned to the dog owner and the local animal control agency. If the exemption was approved the dog owner will submit the completed form to their local animal control agency in lieu of a rabies vaccination certificate for the purposes of licensing the dog.

Should you have any questions please contact San Bernardino County Animal Care and Control at 1-800-472-5609 or 909-387-9117.

Respectfully,

Brian M. Cronin

Brian M. Cronin
Division Chief
Department of Public Health
San Bernardino County Animal Care and Control / Preventive Veterinary Services Division
351 N. Mt View Avenue
San Bernardino, CA 92415-0003

Attachment

GREGORY C. DEVEREAUX
Chief Executive Officer

Board of Supervisors

BRAD MITZELFELT, VICE-CHAIRMAN...First District NEIL DERRY...Third District
JANICE RUTHERFORD...Second District GARY C. QVITT...Fourth District
JOSIE GONZALES, CHAIR...Fifth District

Rabies Vaccination Certificate

This completed form, signed and approved by the local health officer in the county in which the dog resides, may be submitted in lieu of proof of rabies vaccination for purposes of securing a license for the indicated dog, as required by California law (17 CCR § 2606.4).

Exemption from Canine Rabies Vaccination

Owner Information	Dog Information
Owner Name _____	Dog Name _____
Street Address _____	Breed _____
City _____	Color _____
County _____ Zip _____	Markings _____
Phone _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Altered <input type="checkbox"/> Age _____

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

- a) will not receive the antirabies vaccine and will be at risk for contracting rabies;
- b) will be considered unvaccinated and subject to disposition as outlined in the California Code of Regulations Title 17, §2606, 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 antirabies vaccine. I hereby request an exemption from rabies vaccination for the dog indicated above.

Owner's signature _____ Date _____

Veterinarian Information

Veterinarian Name _____	Address _____
Clinic Name _____	City _____
Phone _____	County _____ Zip _____

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's signature _____ CA License No. _____ Date _____

Please return this form to:

Animal Care and Control - Rabies Exemption
351 N. Mt. View Avenue
San Bernardino, CA 92415-0003

Local Health Department Use Only

Approved Not Approved

Local Health Officer's signature _____ Date _____