Alabama Department of Public Health

CERTIFICATE OF EXEMPTION FROM RABIES VACCINE

Name of Owner (Print)		Telephone Number	
Street Address	City, State, Zip		
Animal Name	Sex: □ Male □ Female	Neutered: ☐ Yes ☐ No	
Species	Age	Weight	
Breed	Color(s)		
The animal described above has been examined by me on:and I have determined that vaccinating this animal would be medically contraindicated and may cause death due to an infirmity, other physical condition, or regimen of therapy. Describe nature and duration of infirmity, other physical condition, or regimen of therapy:			
PLEASE NOTE: A reluctance to administer not be accepted as a valid reason for an exem adverse reactions and is not medically contra	aption because it has not been asso-		

Name of Veterinarian (Print)	License Number	Phone Number	
Address		Email	
Signature of Veterinarian		Date	
This Certificate is valid until(not to exceed one year from date signed).			
By signing below, I acknowledge that I am the owner of the animal described above. I have been informed that this			
animal is exempt from rabies vaccination for a period of up to one year. I have also been informed of the following			
important information:			
 This animal must be re-examined by the expiration date listed above. At the time the animal must either be vaccinated against rabies or, if exemption status still applies, a new certificate must be issued. Once the duration of immunity from the last rabies vaccination has lapsed, this animal is not protected against rabies and, as a result, is at increased risk of becoming infected if exposed to a rabid animal. It is recommended that the animal be closely observed when outside, walked on a leash and not allowed to run at large. Prevent the animal from coming into contact with suspect rabid animals such as raccoons, skunks, foxes, groundhogs, bats and free-roaming cats. Exemption from rabies vaccination does not exempt the animal from other laws related to rabies. If this animal is exposed or suspected to be exposed to rabies (e.g., due to a bite or exposure from a rabid or suspect rabid animal), the Health Officer will require it to be euthanized or quarantined for six months. If this animal potentially exposes a person to rabies (by bite or other means), it must be quarantined for 10 days and in a manner prescribed by the Health Officer 			
Signature		Date	

A copy of this certificate must be provided to the owner of the animal listed above and kept as proof of exemption. A copy of this certificate shall be maintained by the veterinarian for a period of one year from the date of issuance.

A copy of this certificate shall be provided to the Department of Public Health within (7) days of issuance.