



County of Fresno

DEPARTMENT OF PUBLIC HEALTH

County of Fresno Supplemental Form for Rabies Vaccination Exemption Requests

GENERAL INFORMATION	
<p>Rabies vaccination exemptions will only be approved for serious medical conditions. Examples include serious immune mediated disease (IMHA), immune-suppressive therapy (cancer treatment), or previously documented serious adverse reactions to a rabies vaccination. Old age, minor reactions to the rabies vaccination, reactions to non-rabies vaccination and positive rabies titers are not conditions that warrant an exemption.</p> <p>Send the following documents to Fresno county Department of Public Health, Environmental Health Division:</p> <ol style="list-style-type: none"> 1. Completed Supplemental Form for Rabies Exemption 2. Completed State of California "Rabies Vaccination Certificate- Exemption from Canine or Feline Rabies Vaccination" form 3. Medical records relevant to exemption request <p>Requests not accompanied by all required documents will not be processed. If approved, exemptions are valid for one year only. If the animal continues to be unable to be immunized, a new exemption request must be submitted.</p>	
THIS SECTION TO BE COMPLETED BY VETERINARIAN	
Vet. Name:	Pet Name:
Clinic Name:	Owner Name:
Phone:	Date pet last seen by vet (must be within past year):
FAX:	
REASON FOR EXEMPTION REQUEST	
Documented health condition(s):	
Date of onset of clinical signs:	Date diagnosed:
THIS SECTION TO BE COMPLETED BY FRESNO COUNTY HEALTH OFFICER	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Expiration Date: _____ License #: _____
	Reason(s): _____
Completed Forms Faxed to: <input type="checkbox"/> Requesting Veterinarian <input type="checkbox"/> California Department of Public Health, Veterinary Public Health Section	

Promotion, preservation and protection of the community's health

1221 Fulton Street / P.O. Box 11867 / Fresno, California 93775 / Phone (559) 600-3357 / FAX (559) 455-4646

Email: EnvironmentalHealth@co.fresno.ca.us ❖ www.co.fresno.ca.us ❖ www.fcdph.org

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