



San Luis Obispo County
 Animal Services Division
 PO Box 4110
 885 Oklahoma Ave
 San Luis Obispo, CA 93406
 (805)781-4400 / fax 781-1065



Rabies Vaccine Waiver Request

California State Health and Safety Code 121690 requires every dog over the age of 4 months to be vaccinated against the rabies virus and licensed through a local animal control agency. All dogs must be revaccinated and licensed on a schedule approved by the Department of Health. Should a veterinarian licensed to practice in the State of California determine that the administration of this vaccine poses a serious and life threatening risk to the animal, however, a waiver of this requirement may be requested from the licensing agency. Should such a waiver be granted, the animal must be maintained by the owner under the following quarantine conditions:

- The dog must be confined to the owner's property by means of a secure fence or kept indoors.
- When off of the owner's property, the dog must be kept on a leash of no more than 6 feet in length.
- At no time may the dog be allowed to come in contact with any animal other than those residing on the owner's property.
- A current license must be maintained and renewed annually. A new vaccine waiver form will be submitted with each license application and will be dated within ten(10) days of the application date.

A rabies titer may not be submitted in lieu of vaccination requirements.

Failure to abide by these quarantine conditions or falsification of this document are violations of local and California state laws which may result in prosecution.

Detach and submit portion below this line with license application

| Rabies Vaccine Waiver Request | |
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| Owner complete this section | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Animal Name Age Sex Breed </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; padding-bottom: 5px;">Owner Name</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Address City State Zip Phone number </div> <p style="margin: 5px 0;">I have read and understand the conditions of quarantine and agree to keep the animal described above confined accordingly.</p> |
| Veterinarian complete this section | <div style="border-bottom: 1px solid black; margin-bottom: 5px; padding-bottom: 5px;">Signature</div> <p style="margin: 5px 0;">It is my professional opinion that the administration of a rabies vaccination to the animal described above would pose a serious and substantial threat to its life or well being.</p> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Signature Date California License Number </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Print Name Diagnosis/reason for waiver </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Clinic/Hospital Name Address City State Zip Phone number </div> |