ANNUAL RABIES VACCINATION WAIVER FORM

Vaccinating domesticated animals against rabies both protects the individual animal against a virtually 100% fatal disease and also provides a crucial barrier between humans and wild animals that might carry rabies. Modern rabies vaccines are considered very safe and have a low incidence of adverse effects. However, some animals might require a waiver of rabies vaccination because the vaccination poses an unacceptably high risk to the health of the individual animal. Maine law permits practicing veterinarians to issue such a waiver under certain circumstances.

Patient Information:
Patient Name: ___________________________ Age: ________ Date of birth: _______________
Species:  □ Cat  □ Dog
Breed: ___________________________ Sex:  □ Male  □ Female
Sexually intact? □ Yes  □ No
Weight: ____________________________ Colors: ______________________________________
Microchip? □ Yes  □ No  If yes, microchip number ___________________________
Microchip Manufacturer:  _________________________________________________________
Tattoo? □ Yes  □ No  If yes, describe: __________________________________

Owner Information:
Owner Name: ____________________________________________ Phone: ___________________
Street Address: ____________________________________________________________________
City, State, Zip: ____________________________________________________________________
Email address: _____________________________________________________________________

Veterinarian Information:
Name: ___________________________ State veterinary license #: __________________________
Date of request (mm/dd/yyyy): ________________________________________________________
Practice or Facility Name: ____________________________________________________________________
Street Address: ____________________________________________________________________
City, State, Zip: ____________________________________________________________________
Phone: ___________________________ Fax: ___________________________
Email address: _______________________________________________________________________

Medical History of Animal:
Explicit reason for requesting rabies vaccination waiver (attach additional sheet if required):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Dates of diagnosis: _____________________________________________________________________

This form has been adapted from and approved by the American Veterinary Medical Association, 1/26/2012.
Rabies Vaccination History:
List all previous rabies vaccinations given. Specify date(s) of vaccination, type(s) of vaccine given and the manufacturer(s) of the vaccine (attach additional sheet if required):
__________________________________________________________________________________________________
__________________________________________________________________________________________________
_________________________________________________________________________________
____________________________________________________________________________

Adverse Event Reporting:
Per the AVMA policy entitled “Reporting Adverse Events,” veterinarians are encouraged to report adverse events. If the rabies vaccination waiver is being requested due to a previous adverse event experienced by the animal due to a rabies immunization, has the event been reported to the: USDA Center for Veterinary Biologics (CVB), 1-800-752-6255?
☐ Yes Date of report to USDA: ____________________________
☐ No

Product manufacturer:
☐ Yes Date of report to manufacturer: _______________________
☐ No

I have examined the animal above and determined that, in my professional opinion, there is considerable risk of harm to the animal from the administration of a rabies vaccine as required by law.

Signature of Veterinarian _____________________________________________ Date ________________________

Optional supporting documentation:

Animal Owner’s Acknowledgment

By signing below, I acknowledge that I am the owner of the animal described above and that I have been informed of the following:

- This waiver is only effective until one year from the date indicated below, and that I will need to submit a new request every year, which may or may not be granted.
- 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 minimizing exposure to other animals, especially wild animals. If exposed to a potentially rabid animal, euthanasia of my pet may be required.
- A waiver from rabies vaccination does not exempt the animal from Maine rules or 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.

Signature of Owner _____________________________________________ Date ________________________

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