

**RENEWAL  
REQUEST FOR RABIES VACCINATION EXEMPTION FOR LICENSING AND INSPECTION  
PURPOSES**

Virginia Department of Health  
07/2019

<b>Veterinarian Name:</b>		<b>Virginia License #:</b>	
<b>Practice Name:</b>			
<b>Practice Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>		<b>Fax:</b>	

<b>Owner's Name:</b>		<b>Phone:</b>	
<b>Physical Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

<b>Patient name:</b>		<b>Age:</b>	
<b>Species:</b> <input type="checkbox"/> Feline <input type="checkbox"/> Canine		<b>Date of birth:</b>	
<b>Breed:</b>		<b>Weight:</b>	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Reproductive Status:</b> <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact	
<b>Color and Markings:</b>			
<b>Microchip # or other permanent ID (if applicable):</b>			
<b>Time period exemption renewal is being requested for (<u>not</u> to exceed one year duration):</b>			

**Veterinary Affirmation and Signature**

---

I have examined the animal described above and acknowledge that a valid veterinary-client-patient relationship exists between the veterinarian, owner or custodian, and animal. This animal was previously approved for a rabies vaccination exemption due to an underlying medical condition that is likely to result in a life-threatening condition in response to vaccination. The underlying medical condition is on-going. I have reviewed the necessary educational information (as outlined on page 3 of the initial rabies exemption request form) with the owner and attest that a continuation of this animal's rabies vaccination exemption status would not pose a risk to public health and safety.

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinarian's Printed Name