



**STATE OF MAINE  
DEPARTMENT OF AGRICULTURE  
Division of Animal and Plant Health  
28 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0028**



**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 If yes, microchip number \_\_\_\_\_  No  
 Microchip Manufacturer: \_\_\_\_\_  
 Tattoo?  Yes If yes, describe: \_\_\_\_\_  No

**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.



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**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):

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**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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