

State of Delaware  
Certificate of Medical Exemption from Rabies Vaccination  
Del. C. Title 3, Chapter 82, Subchapter I

\*Veterinarians examining Delaware-resident patients at out-of-state locations must contact the Office of the State Veterinarian at 302-698-4500 before exempting a patient from rabies vaccination.

Date of Exam: \_\_\_\_\_

**This certificate is valid until \_\_\_\_\_ (not to exceed one year from date of issuance)**

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
First Last

Address (where animal resides): \_\_\_\_\_  
Street City State Zip

Mailing Address (if different): \_\_\_\_\_  
Street City State Zip

Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:  M  F

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Colors: \_\_\_\_\_ Neutered:  Yes  No

Microchip?  Yes If yes, microchip number: \_\_\_\_\_  No

Tattoo?  Yes If yes, describe: \_\_\_\_\_  No

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I, \_\_\_\_\_, have examined the animal described above and determined that the animal be  
Veterinarian's printed name  
exempt from the Delaware State law requiring rabies vaccination. It is my judgment that administering a rabies vaccine would endanger the life of the animal.

Brief description of the underlying health condition and nature, duration of health risk:

\_\_\_\_\_  
\_\_\_\_\_

Upon examination of the animal described above, I acknowledge that a valid veterinary-client-patient relationship has been established between the veterinarian, owner or custodian, and animal being exempted from rabies vaccination. I affirm that this animal suffers from an underlying medical condition that is likely to result in a life-threatening condition in response to vaccination. I understand that the duration of exemption is limited to the anticipated duration of the animal's medical condition that precludes vaccination and shall not exceed one year from date of issuance.

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Veterinary License #: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_  
Street City State Zip

Clinic Phone #: \_\_\_\_\_ Clinic Email Address: \_\_\_\_\_

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*The original copy of this certificate must be kept in the patient's medical record. A copy of this certificate must be provided to the owner of the animal listed above and kept as proof of exemption. Another copy must be submitted to the Office of the State Veterinarian. **For dogs, this certificate must be presented with an application for a dog license.***

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Owner Information: The owner and veterinarian shall discuss the points listed below and the owner shall initial next to each statement that he/she understands and consents that:

	Owner Initials
<b>I.</b> The person reviewing this information with the examining veterinarian is the legal owner or custodian of the animal and is able to provide informed consent for the purposes of this rabies exemption certification.	
<b>II.</b> This exemption will only be valid for the defined time period noted above (not to exceed a duration of one year).	
<b>III.</b> The animal described above must be reexamined by a veterinarian prior to the expiration date on a rabies exemption certificate, and it is the responsibility of the legal owner or custodian to present the animal to the veterinarian for reexamination.	
<b>IV.</b> At the time of reexamination, the animal must either be vaccinated against rabies, or the process for exemption renewal should be initiated.	
<b>V.</b> The animal described above may be at increased risk of becoming infected with rabies if exposed to a rabid animal.	
<b>VI.</b> The animal described above should be closely observed when outdoors, should be walked on a leash, and should <b>not</b> be allowed to run at large.	
<b>VII.</b> It is recommended that the animal described above be prevented from coming into contact with rabies vector species, such as raccoons, skunks, foxes, groundhogs, bats, and feral cats.	
<b>VIII.</b> If the animal described above is exposed to rabies, the Delaware Department of Agriculture will require up to six months of strict quarantine, and may require a rabies booster vaccination or euthanasia.	
<b>IX.</b> If the animal described above bites a human it must be confined as required and approved by the Delaware Division of Public Health for 10 days.	
<b>X.</b> The Department of Agriculture or Division of Public Health shall be alerted, by the owner or the veterinarian, if the animal described above becomes ill with clinical signs compatible with rabies.	
<b>XI.</b> This animal's movement between localities, states, territories, and countries may be restricted. The owner or custodian is responsible for seeking additional information from the authorities in locations outside of Delaware.	
<b>XII.</b> Businesses, such as privately owned veterinary hospitals, grooming facilities, boarding facilities, and dog parks, may not accept an exemption certificate in lieu of a current rabies certificate, and therefore, an animal's access to these facilities may be limited at the discretion of the facility.	

The veterinarian whose signature appears above has reviewed the Owner Information section of this application with me and I, the undersigned, understand that the concepts presented within this form will apply to the animal described above. I understand my obligations as a legal owner or custodian of an animal that is exempted from rabies vaccination requirements, and the inherent risks and limitations that may be placed upon my animal because of that exempted status. I agree to make responsible choices to protect my animal from being exposed to rabies, and understand that if my animal is exposed, or potentially exposed, to rabies, this may result in a need to euthanize my animal or have my animal vaccinated and placed in strict quarantine for up to six months.

Owner's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
(legal owner or custodian must be 18 years of age or older)

Owner's Printed Name: \_\_\_\_\_

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