

Flathead County Rabies Control Program

Certificate of Exemption from Rabies Vaccination

Date of Exam: _____

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

This exemption may be granted for an individual animal only after the veterinarian has consulted with the State Veterinarian or the Flathead County Health Officer and a copy must be sent to each office.

Approval: *State Veterinarian* _____ *Health Officer* _____

Owner Name: _____ Tel. No.: _____
First Last

Montana Address: _____
Street City State Zip

Animal Name: _____ Species: _____ Breed: _____ Sex: M F

Age: _____ Weight: _____ Color pattern: _____ Neutered: Yes No

The animal described above has been examined by me and determined to be exempt from the Flathead County Rabies Control Program requiring rabies vaccination because to do so would endanger the life of the animal. A licensed veterinarian has examined such animal and determined that a rabies vaccination would endanger the animal's life due to disease or other medical considerations.

Describe nature and duration of health risk: _____

Veterinarian's Signature: _____ License #: _____

Printed Name: _____

Address: _____
Street City State Zip

By signing below, I acknowledge that I am the owner of the animal described above. I have been informed that this animal is exempt from rabies vaccination for a period of up to one year, and also that I have been informed of the following important information:

- This animal must be re-examined by the expiration date listed above. At that time the animal must either be vaccinated against rabies or, if exemption status still applies, a new certificate must be issued.
- This animal is not protected against rabies, and as a result is at increased risk of becoming infected if exposed to a rabid animal.
- Exemption from rabies vaccination does not exempt the animal from other Montana State or local municipal laws related to rabies. Exemption from rabies vaccination does not exempt the animal from regulations set by private or public businesses (hotels, restaurants, public/private offices, etc.) or transportation businesses (air carriers, trains, buses, taxies, boats/ships/cruise lines, etc.)
- This animal loses all privileges attributed to an animal vaccinated against rabies and will be treated as an unvaccinated animal in regard to post rabies post exposure management. If this animal is potentially exposed to rabies (e.g., due to a bite from an unknown animal), the state law will require it to be quarantined for six months or be euthanized and tested for rabies. If this animal bites a person or exposes a person or animal to rabies (by bite or other means), it must be confined for 10 days in a facility approved by the Health Department where the exposure occurred. A determination of the disposition of the animal will be made by the Health Officer or Flathead County State Veterinarian.

Owner's Signature: _____ Date: _____

A copy of this certificate must be provided to the owner of the animal listed above and kept as proof of exemption. **For dogs, this certificate must be presented with an application for a dog license.**
