

**New Jersey Department of Health and Senior Services  
CERTIFICATE OF EXEMPTION FROM RABIES VACCINATION**

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| Name of Owner (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Telephone Number                                                     |                                                                      |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | City, State, Zip                                                     |                                                                      |
| Animal Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Neutered<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Species                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Age                                                                  | Weight                                                               |
| Breed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Color(s)                                                             |                                                                      |
| <p>The animal described above has been examined by me on: _____ and I have determined that it would be medically contraindicated to vaccinate this animal due to an infirmity, other physical condition, or regimen of therapy.</p> <p>Describe nature and duration of infirmity, other physical condition, or regimen of therapy:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PLEASE NOTE: A reluctance to administer a rabies vaccine prior to the expiration of the previous vaccination will not be accepted as a valid reason for an exemption. Early boosting has not been associated with an increased occurrence of adverse reactions and is not medically contraindicated.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                      |                                                                      |
| Name of Veterinarian (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | License Number                                                       |                                                                      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                      |                                                                      |
| Signature of Veterinarian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date                                                                 |                                                                      |
| <b>This certificate is valid until _____ (not to exceed one year from date signed).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                      |                                                                      |
| <p>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. I have also been informed of the following important information:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Once the duration of immunity from the last rabies vaccination has lapsed, this animal is not protected against rabies and, as a result, is at increased risk of becoming infected if exposed to a rabid animal.</li> <li>It is recommended that the animal be closely observed when outside, walked on a leash and not allowed to run at large. Prevent the animal from coming into contact with suspect rabid animals such as raccoons, skunks, foxes, groundhogs, bats and free-roaming cats.</li> <li>Exemption from rabies vaccination does not exempt the animal from other laws related to rabies. If this animal is potentially exposed to rabies (e.g., due to a bite or exposure from a rabid or suspect rabid animal), the local health agency will require it to be euthanized or quarantined for six months. If this animal potentially exposes a person to rabies (by bite or other means), it must be confined for 10 days as approved by the local health agency where the animal resides.</li> </ul> |  |                                                                      |                                                                      |
| Signature of Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Date Signed                                                          |                                                                      |

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.**