

## TOWN OF MARBLEHEAD BOARD OF HEALTH

Andrew Petty, Director

Phone: 781 631-0212

Fax: 781 639-3064

Petty, Director Mary Alley Municipal Building

7 Widger Road

Marblehead, MA. 01945

Date: \_\_\_\_\_

## REQUEST FOR RABIES VACCINATION WAIVER

Under the provisions of Massachusetts General Laws, Chapter 140: Section 137. Registration & Licenses: "A dog licensing official may grant an exemption from such provision which the local board of health, for a specified period of time, declared exempt upon presentation of a veterinarian's certificate stating that because of an infirmity, other physical condition or regimen of therapy, that inoculation is thereby deemed inadvisable." As the Veterinarian caring for \_\_\_\_\_ (identified below) Age: \_\_\_\_\_ Species: \_\_\_\_ Breed: \_\_\_\_ Sex: \_\_ Color: \_\_\_\_\_ I do not recommend vaccinating this pet against rabies at this time for a period of 1 year, for the following reason(s): If the health status of this pet improves, I will recommend a rabies vaccination. The owner has been informed, and by signing below acknowledges, that according to Massachusetts regulations his/her pet is not currently protected against rabies, and if exposed to a rabid animal while unprotected, is subject to quarantine in an isolation facility or to euthanasia, as determined by the local Animal Inspector. In addition, the owner acknowledges that they have been informed that exposure to their own rabid pet poses serious, life-threatening risks to them as well as to any other persons in contact with their pet. Exposure can necessitate costly post-exposure treatment and if not treated appropriately and immediately can result in death. Veterinarian's Name: Veterinarian's Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Veterinarian's Address: Fax Number: Veterinarian's Phone number: Pet Owner's Signature: Date: Pet Owner's Name Address This waiver request is (\_\_\_\_) is not (\_\_\_\_\_) accepted by the Board of Health.

When completed this form will be faxed to the veterinarian requesting the waiver and to the Town Clerk.

Board of Health Director Signature: