

**Sherborn Board of Health**  
**Application for Exemption From Rabies Vaccination**

Date of Exam: \_\_\_\_\_ Exemption Request for Calendar Year \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Date of most recent Rabies Vaccine \_\_\_\_\_

I have examined this animal and recommend that the Board of Health exempt this animal from the Massachusetts State law requiring rabies vaccination because I believe to do so would endanger the health or life of the animal.

Describe nature of health risk (attach additional pages if needed): \_\_\_\_\_

\_\_\_\_\_

Duration of Health risk: \_\_\_\_\_

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

License Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

By signing below, I acknowledge that I am the owner of the animal described above and I request Board of Health approval of the requested rabies exemption for my above-named animal. I have been informed of the following and agree to all conditions noted:

- This animal must be re-examined no later than one year from the date of the previous exam listed above. At that time the animal must either be vaccinated against rabies or, if exemption status still applies, a new exemption may be requested.
- This animal is not currently vaccinated against rabies and, as a result, is at increased risk of becoming infected if exposed to a rabid animal.
- Unvaccinated dogs shall be maintained in strict rabies isolation under conditions that are at the discretion of the Board of Health, until such time as the medical condition has been resolved and the animal can be immunized against rabies. Exempted animals shall not be allowed outdoors without being on a leash and muzzled, and shall be under the direct physical control of an adult owner at all times.
- Exemption from rabies does not exempt the animal from other MA state laws related to rabies. Due to its unvaccinated status, if this animal potentially exposes a person to rabies (by bite or other means), it must be confined for 10 days in a facility approved by the local Animal Inspector. If this animal is potentially exposed to rabies (e.g., due to a bite or scratch from an unknown animal), the local Animal Inspector may require it to be euthanized or quarantined for 6 months.

Owner's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_