REQUEST FOR RABIES VACCINATION DELAY
Center for Zoonotic and Vector-borne Diseases

What Veterinarians Need to Know
According to the Code of Maryland Regulations (COMAR) 10.06.02 Rabies, the Public Health Veterinarian can temporarily or indefinitely delay a rabies vaccination requirement for a dog, cat, or ferret in the interest of public safety or for medical determinations or research. Each vaccination delay request is reviewed on an individual basis, and the submitting veterinarian may be asked to provide additional information as needed.

The Maryland State Public Health Veterinarian will not review or approve delay requests for any dog, cat or ferret that resides outside the State of Maryland.

Rabies Vaccination Delay Best Practices
- Applications should only be submitted for a dog, cat or ferret with a documented medical history that demonstrates that vaccination may threaten the life or well-being of the animal.
- Veterinarians should educate owners that an exemption IS NOT a substitute for a current rabies certificate when determining the response to a rabies exposure.
- Veterinarians should educate owners that a domestic animal for which no current rabies or expired certificate can be produced and is assessed as exposed to rabies, may be:
  - Euthanized (humanely killed), or
  - Vaccinated against rabies immediately, and dogs and cats held in strict quarantine for a minimum of 4 months and other animals for a minimum of 6 months.

Medical History of Animal
Submit documentation to support your request for rabies vaccination delay. This may include medical records, rabies vaccination certificates, lab reports or other documentation that provides further evidence of the diagnosis.

Rabies Vaccination History
Include the date, type and manufacturer of each rabies vaccine administered. The entire vaccination history is needed to determine the animal’s vaccination status.

Adverse Event Reporting
All adverse reactions to rabies vaccine should be reported to the United States Department of Agriculture (USDA) Center for Veterinary Biologics. 3 options are available:
2. Phone: 1-800-752-6255
3. Fax: 515-337-6120

Submission
Submit this completed form with attachments to the State Public Health Veterinarian, Maryland Department of Health, Center for Zoonotic and Vector-borne Diseases, 201 West Preston Street, Room 317, Baltimore, MD 21201. You may submit via fax to 410-383-2420 or email to mdh.czvbd@maryland.gov.

If you have questions regarding your submittal, call 410-767-5649.
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Submit the following information, including all associated medical information to support your request, for review.

<table>
<thead>
<tr>
<th>Type of Rabies Vaccination Delay Requested</th>
<th>☐ Permanent</th>
<th>☐ Temporary</th>
<th>☐ 6 months</th>
<th>☐ 12 months</th>
</tr>
</thead>
</table>

**PRINT CLEARLY or TYPE and FILL IN ALL INFORMATION**

**Veterinarian Information**

<table>
<thead>
<tr>
<th>Veterinarian Name:</th>
<th>Maryland License #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Name:</td>
<td></td>
</tr>
<tr>
<td>Address: City:</td>
<td>State: Zip:</td>
</tr>
<tr>
<td>Phone: Fax: E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Information**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of birth:</th>
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<tbody>
<tr>
<td>Species: □ Feline □ Canine □ Ferret Breed:</td>
<td></td>
</tr>
<tr>
<td>Sex: □ Male □ Female Reproductive Status: □ Spayed □ Neutered □ Intact</td>
<td></td>
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**Owner Information**

<table>
<thead>
<tr>
<th>Owner Name: Mr./Mrs./Ms.</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City: State: Zip:</td>
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**Medical History of Animal**

*Attach any pertinent medical records*

Reason for requesting delay: 

Clinical signs: 

Dates of diagnosis: 

Pre-existing conditions: 

**Rabies Vaccination History**

*List ALL previous rabies vaccinations, specifying date(s) of vaccination, type(s) and manufacturer(s):*

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**Adverse Reactions**

*Include any pre-medications given*

Adverse reaction: 

Has the event described here been reported to the USDA Center for Veterinary Biologics (1-800-752-6255)? □ Yes □ No

_____________________________  ______________________
Signature of Veterinarian      Date