## State of Alaska Certificate of Exemption from Rabies Vaccination

This certificate is valid un	til (not t	o exceed one y	rear from date of issuance)	
Date of Exam:				
Approval: State Veterinarian	Dept Public I	Tealth	Municipal	
Owner Name:	Last	T	el. No.:	
Alaskan Address:				
Animal Name:  Age: Weight:	Species: Color pattern:	Breed:	Sex: $\square$ M  Neutered: $\square$ Yes	□ F □ No
The animal described above has been examined by me and determined to be exempt from the State of Alaska Import Regulations 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:			:	
Printed Name:		<del></del>		
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				
<ul> <li>This animal must be re-examine vaccinated against rabies or, if</li> </ul>	information:  ed by the expiration date exemption status still app	iod of up to or listed above. A lies, a new cert	ne year, and also that I have t that time the animal must e ificate must be issued.	ve been

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.

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