WV BOARD OF VETERINARY MEDICINE

RECOMMENDED

RABIES VACCINE EXAM VISIT WAIVER TEMPLATE

I, client, understand this is a Rabies only vaccine visit**. The purpose of this visit is to protect the public and animal health from Rabies.** I understand my pet will only be provided with a brief visual exam to verify that my pet is healthy enough to receive the Rabies vaccine. Some diseases and conditions will not be detected with this type of exam, slightly increasing the chance of an unexpected result from the vaccine. I understand the purpose and accept the risk of getting my pet vaccinated in this type of setting.

Rabies Vaccine Given: _____1 Year _____3 year

Patient Name: _____

Name of Owner: _____

Has the animal bitten or is a suspect for biting a person in the last 10 days?_____Yes _____No

Client Provided Medical History: _____Yes _____No

Client Provided Immunization Records: _____Yes _____No

Please contact the veterinary facility of your choice should your pet have an adverse reaction to the Rabies vaccination.

Method of emergency care: (Insert what method was provided to the client should the patient require emergency care when the veterinarian is not available)_____

§26-4-3.9. The professional services of a veterinarian shall not be controlled or exploited by any lay agency, personal or corporate, which intervenes between the client and the veterinarian. A veterinarian shall avoid all relationships which could result in interference or intervention in the veterinarian's practice by any person or entity. A veterinarian is responsible for his or her own actions and is directly responsible to the client and for the proper care and treatment of the patient. ***This is to include information on how clients may receive emergency care when the veterinarian is not available*.**

§26-4-5.6.e. The veterinarian shall provide a method for the client to obtain emergency advice pertaining to surgical and post treatment problems after the animal is released to the owner or agent following the completion of the surgery or treatment.

_____ _____

Client Signature Date

September 2, 2025