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| **Rabies Vaccination Statement** | | | | | |
| In accordance with [WAC 110-148-1480 (2),](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1480) your dog, cat, or ferret must be vaccinated and revaccinated against rabies following veterinary and USDA licensed rabies vaccine manufacturer instructions unless a licensed veterinarian states in writing that such vaccinations may be contrary to your pet's health. | | | | | |
| I do not have a pet. I understand and agree to comply with this WAC requirement if I obtain a pet(s) in the future. | | | | | |
| **Type of Pet** | **Pet’s Name** |  | | | |
|  |  | I agree to keep the rabies vaccination for my pet(s) updated and maintain a vaccine verification. | | I have written verification from a licensed veterinarian stating the vaccine against rabies may be contrary to my pet’s health. | |
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|  |  | I agree to keep the rabies vaccination for my pet(s) updated and maintain a vaccine verification. | | I have written verification from a licensed veterinarian stating the vaccine against rabies may be contrary to my pet’s health. | |
| **Applicant Information** | | | | | |
| APPLICANT A NAME | | | SIGNATURE | | DATE |
|  | | |  | |  |
| APPLICANT B NAME | | | SIGNATURE | | DATE |
|  | | |  | |  |