Resilient Environment Department
ANIMAL CARE DIVISION
2400 SW 42 Street, Fort Lauderdale, Florida 33312 • 954-359-1313 • broward.org/animal

Print

Notice of Waiver of Rabies Vaccination

Pet Information

☐ Cat ☐ Dog	Pet's Name	Color(s)	Age
Primary Breed		Microchip #	
☐ Male ☐ Female ☐ Sterilized		Previous License #	

Pet Owner Information

Name		Phone		
Mailing Address		City	State	Zip

To be completed by a licensed veterinarian:

Veterinary Information

Detailed Reason for Waiver			
Anticipated Date of Next Rabies Vaccination; if Never, Please Indicate So			
Veterinarian Name	Veterinarian Practice Name		
Business Address	City	State	Zip
Business Phone	Business FAX		

Veterinarian Signature _____ **Date** _____

By signing below, the pet owner understands that waiving the rabies vaccination due to the pet's health does not exempt him/her from being required to purchase a Broward County registration tag for their pet.

Pet Owner's Signature _____ **Date** _____

Registration Tag Fees

Microchipped : **$25**

Non-Microchipped: **$55**