



**Procedures for Local Health Department-Sponsored Public Animal  
Antirabies Vaccination Clinics**

*Legal Mandate: Annotated Code of Maryland Health-General Article Subtitle 3. Specific Diseases. Part III. Rabies, §18-315; and Annotated Code of Maryland Regulations COMAR 10.06.02 Rabies.*

This document is available at:

<https://phpa.health.maryland.gov/OIDEOR/CZVBD/Pages/rabies.aspx>

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## Introduction

The following procedures provide written guidance for managing animal antirabies vaccination clinics in the state of Maryland. The material contained within supersedes any previous versions; the Center for Zoonotic and Vector-Borne Diseases (CZVBD) will provide updates as needed.

**This document is structured with the recognition that resources and situations may vary in each local health jurisdiction, and thus the following recommendations can be amended as needed, provided that minimum requirements are met.**

## Overview

The primary goal of the animal antirabies vaccination program is to minimize the public health impact of human exposures to unvaccinated dogs, cats, and ferrets, by increasing access to local, low-cost vaccination services.

The Annotated Code of Maryland Health-General Article Title 18, Subtitle 3, Part III §18-315 states, “(a) Clinics required. -- With the county health department for each county, the Department shall provide for an antirabies clinic in the county.” Further, section (e) of the same statute states, “The public health veterinarian shall set the vaccination procedures to be used at the clinics.” The Code of Maryland Regulations, Rabies, COMAR 10.06.02.10G(3) requires these vaccination procedures to be distributed to local health officers.

COMAR 10.06.02.10G indicates that local health departments are required to provide low-cost, self-financing clinics at least twice yearly. Local health officers are to summarize the numbers of animals vaccinated at each clinic as well as the related costs.

## **I. Pre-Clinic Activities**

During the pre-clinic planning phase:

- 1. Determine number of clinics:** COMAR 10.06.02.10G(2) requires that at least two clinics be offered annually with at least one to be held between April 1 and July 1. Per the jurisdiction's discretion, a sufficient number of clinics should be held at various locations throughout the jurisdiction to provide pet owners with convenient access to low cost rabies vaccination for their dog, cat or ferret.
- 2. Identify location:** Locate and obtain permission to use a site by communicating with a site provider. Further information on location selection is provided in Section II.
- 3. Identify staff:** Make arrangements for clinic staff (described in Section III).
  - a. Identify and contract with a veterinarian(s) for clinical services.
  - b. The veterinarian may choose to arrange for a known animal handler; if not, this task would become the responsibility of the Coordinator/Clinic Manager.
  - c. Identify, coordinate, and arrange schedules with all other clinic staff.
- 4. Arrange for procurement of supplies:** Recommended clinic supplies include the following: (may be adjusted as needed)
  - a. Tables, chairs, and signage as needed for clinic flow. If a table is used by the veterinarian for vaccine administration, it should be strong enough to hold a large dog.
  - b. Pens/markers, garbage bags, tape, and money bags/change purse.
  - c. Rabies vaccine, syringes, sharps container, and means for storage, transport, and disposal (described in Section IV).
  - d. Alcohol prep pads to clean tops of multi-dose vaccine vials.
  - e. Table cover for vaccine filling table and trays/container for filled syringes.
  - f. Rabies certificates and rabies tags with s-shaped metal link (described in Sections VIII and IX).
  - g. First aid kit in the event of a bite (described in Section VII).
  - h. Emergency drugs as determined by the veterinarian (described in Section V, part 3).
  - i. Extra leashes, muzzles, towels, and equipment for animal restraint.
  - j. Table disinfectant, paper towels, and other cleaning supplies as needed.
  - k. "Poop bags" and "pooper scooper".

- 5. Advertisement:** The amount of pre-clinic advertisement is dependent upon the financial resources available to the local health department. Handouts, social media posts, newspaper publications, and use of other media sources are encouraged. Announcements should minimally include the following:
- a. Date, location, and time of clinic.
  - b. Type and age of animals eligible to be vaccinated (dogs, cats, and ferrets  $\geq$  3 months old).
  - c. Cost of vaccination and preferred method of payment.
  - d. Instructions to owner to bring previous vaccination certificate.
  - e. Instructions to properly restrain animals using leashes or pet carriers.

## **II. Clinic Location Selection**

Local health departments have the responsibility of identifying, selecting, and obtaining permission for the use of appropriate locations for animal antirabies vaccination clinics. Partnerships with external agencies (e.g. local animal control, local humane society) are at the discretion of the local health department and are permitted.

A clinic location should be based on the anticipated number of owners seeking vaccination for their animals. The following factors should also be considered:

- Convenience for both clinic staff and pet owners
- Large spaces to accommodate clinic flow and weather conditions (e.g., school grounds, firehouses, outdoor shopping centers, public parks, etc.)
- Areas for registration, fee collection, vaccine administration, and tag distribution
- Phone access for emergency communications
- Restroom availability
- Handicap-accessible
- Running water and electricity
- Adequate parking
- Accessibility via public transportation

## **III. Clinic Flow and Staffing**

Local health departments may modify the following recommendations to ensure that clinics are conducted in an efficient and safe manner. Attachment A contains a suggested clinic flowchart which can be adapted as needed per the clinic site and resource availability.

Clinic staffing may be adjusted according to the size, duration, and anticipated attendance of the antirabies clinic. The following roles may be combined as necessary:

### **1. Coordinator/Clinic Manager**

Role: Coordinates and manages activities to ensure efficient clinic operations.

Responsibilities:

- Oversees all clinic functions and addresses issues as they arise.
- Directs clinic personnel at the assigned vaccination clinic site.
- Responsible for all operations for the duration of the clinic.
- Ensures personnel are properly trained and oriented for their roles.
- Monitors clinic flow and ensure timeliness within each clinic station.
- Oversees all supply needs (described in section I).
- Tracks vaccine supply by lot numbers, distribution, and wastage.
- Assures the statistical data are collected and reported to the Center for Zoonotic and Vector-Borne Diseases when requested.

### **2. Greeter/Registrar**

Role: Welcomes incoming animal owners and collects registration information.

Responsibilities:

- Posts signs for antirabies clinics at appropriate locations.
- Reminds owners to keep their dogs on a short leash and under control at all times.
- Reminds owners to keep their cats and ferrets in a carrier until directed otherwise by clinic staff.
- Reminds parents to supervise their children at all times.
- Poses screening questions to the animal owner to determine the animal's age and if the animal has ever received a rabies vaccination.
- Reviews evidence of prior vaccination, if available, for each individual dog, cat, or ferret.
- Completes the NASPHV Form 51 (Attachment B) or equivalent form for veterinarian review and signature (described in Section VIII) with accurate description of the animal.
- Provides information concerning the rabies vaccine and potential adverse reactions. Attachment C is a sample educational handout that may be used. (See Section V, part 4)
- Records the number and type of animals that were vaccinated on the recordkeeping sheet (Attachment D) (described in Section X). Prepares clinic summary and gives to the Coordinator/Clinic Manager for review.
- Directs attendees to the Fee Collection Clerk.

### **3. Fee Collection Clerk**

Role: Ensures that forms are completed accurately for each dog, cat, or ferret vaccinated. Collects clinic service fee and provides receipt.

Qualifications:

- Office support personnel.

Responsibilities:

- Collects payment for service and provides receipt according to the clinic's accounting procedures. Payment guidelines are outlined in Section VI.

### **4. Veterinarian**

Role: Oversees and conducts the vaccination process. Provides on-site veterinary medical direction in the event of a veterinary emergency. Determines if animals are of appropriate health status to be vaccinated.

Qualifications:

- Graduate veterinarian. Maryland licensure is not required.

Responsibilities:

- Defers animals that have obvious medical contraindications to vaccine.
- Answers questions regarding rabies vaccination.
- Evaluates and responds to any immediate problems following vaccination (e.g., adverse reactions).
- Ensures that appropriate medications are administered in the event of an adverse reaction and that all events are reported appropriately (described in Section V, part 3).
- Vaccinates animal according to the appropriate protocol as described in Section V, part 2 of this guidance.

### **5. Veterinary Assistant/Animal Handler**

Role: Assists the veterinarian in safely vaccinating the animal.

Qualifications:

- As determined by the veterinarian.

Responsibilities:

- Restrains the animal to allow the veterinarian to safely vaccinate the animal.

### **6. Vaccine Preparer**

Role: Pre-draws rabies vaccine into syringes for use by the veterinarian and ensures proper rabies vaccine storage during clinic.

Qualifications:

- Knowledge of sterile preparation of injectable vaccine into syringes.

- Ability to read thermometer.

Responsibilities:

- Prepares individual syringes of rabies vaccine as needed. (described in Section IV, part 6).
- Ensures that rabies vaccine cold chain is maintained for the duration of the antirabies vaccination clinic. (described in Section IV, part 5).

## **7. Exit Interviewer**

Role: Ensures that animal owners have their vaccination certificate and stresses the importance of maintaining a written record of antirabies vaccination for each individual animal. Answers additional questions from animal owners and provides educational materials as needed.

Responsibilities:

- Checks that the NASPHV Form 51 (Attachment B) or equivalent form is completed with:
  - Accurate tag number.
  - Correct expiration dates.
  - Veterinarian signature or signature stamp.
  - Accurate description of the vaccinated animal (described in Section VIII). Regardless of whether breed is known, a description including coat color and other physical characteristics should be accurately noted.
- Provides encouragement to owners to keep the animal vaccination records in a safe, easy-to-find location for future reference, as this represents their only documentation of vaccination. Reviews the importance of bringing prior vaccination certificates to future antirabies vaccination clinics.
- Reminds owner to report any future human-to-animal and animal-to-animal exposures.
- Answers any remaining questions regarding process, other health department services, etc. as appropriate.
- Distributes owner education materials regarding rabies and other public health issues. Attachment E (See Section V, part 4).

## **IV. Rabies Vaccine Management**

### **1. Procurement of Approved Animal Rabies Vaccine**

IMRAB<sup>®</sup> 3 is the recommended vaccine for use in public antirabies vaccination clinics for dogs, cats, and ferrets  $\geq 3$  months old. IMRAB<sup>®</sup> 3 is licensed by USDA, acceptable for

both annual and triennial use, and may be administered to dogs, cats, and ferrets as young as 3 months old. IMRAB<sup>®</sup> 3 is a killed vaccine.

IMRAB<sup>®</sup> 3 is available through Merial Incorporated. Each year, a Maryland Department of Health (MDH) representative signs an affidavit authorizing all local health departments designated under the Merial Bid Program to place vaccine orders at a discounted price. Accordingly, Merial has established an individual account for each local jurisdiction for ordering IMRAB<sup>®</sup> 3 and other biologics and vaccination certificates. If your local health department has an account with Merial and would like to order via this mechanism, orders can be placed by calling Merial at [1-888-637-4251](tel:1-888-637-4251), option 1. If your department does not have a Merial account and is interested in participating, please contact MDH/CZVBD.

If using an alternate rabies vaccine, please comply with manufacturer instructions and details listed in the NASPHV Compendium of Animal Rabies Prevention and Control, 2016 Appendix 1.

Upon the order of the State Public Health Veterinarian, specified lots of vaccine may be tested for potency, safety, and contamination as a prerequisite to their use (COMAR 10.06.02.10E(3)).

## **2. Vaccine Receipt and Documentation**

Receiving the vaccine:

- Inspect the container. The gel packs in the container should still be cold. If the container contains a thermometer, record the temperature upon arrival. If no thermometer is packed with the shipment, assess the temperature with a calibrated biosafe thermometer and contact the supplier if greater than 45° Fahrenheit or 7° Celsius. Each box should contain: 5 ten dose tank vials or 50 single dose vials of IMRAB<sup>®</sup> 3 vaccine.
- Unpack the vaccine from the cooler. Label as animal vaccine and store in a vaccine-designated refrigerator **immediately**. If human vaccines are also stored in the same refrigeration unit, all animal vaccines are to be clearly identified, labeled, and separated from human biologics.

Documenting received vaccine:

- Verify the quantity ordered, lot #, etc. on the enclosed packing slip.
- Maintain inventory records containing the vaccine manufacturer, lot/serial number, and the vaccine expiration date.



### **3. Vaccine Storage at Local Health Department**

Animal rabies vaccines are to be received and stored with the same protective procedural guidelines in place for storage of human biologics, available at <https://www.cdc.gov/vaccines/hcp/admin/storage/>. Follow standard storage recommendations by not storing vaccine on the refrigerator door shelves.

Package inserts for IMRAB<sup>®</sup> 3 recommend storage temperatures of 35-45° Fahrenheit (2-7° Celsius). **Do not freeze the vaccine.** If using an alternate rabies vaccine, please comply with all manufacturer instructions.

Refrigeration units without a constant temperature measurement/alarm device should be equipped with a recording and biosafe thermometer, with designated staff to monitor temperatures twice daily on a log kept on or at the refrigerator unit. Two biosafe thermometers placed in differing locations in the designated refrigeration unit will be acceptable in lieu of a recording thermometer.

In the event of power outages at the local jurisdiction, each refrigerated unit storing animal rabies vaccines must either be equipped with a back-up generator or have a clearly written plan for relocation of vaccines.

### **4. Vaccine Transport**

Each jurisdiction should ensure safe transport of vaccines to and from the clinic sites. To transport the animal rabies vaccines, use ice coolers supplied with ice packs above and below the vaccine. A calibrated biosafe thermometer is to be placed with the vaccine to document adequate vaccine storage during transport.

### **5. Vaccine Storage at Antirabies Clinic**

If portable ice coolers are used during the vaccination clinic for rabies vaccine cold storage, a calibrated biosafe thermometer should be kept with the vaccine to document adequate vaccine storage. Cooler temperatures should be checked by designated staff every 30 minutes and entered in a log kept on the cooler. Any storage temperatures out of range (35-45° Fahrenheit or 2-7° Celsius) should be immediately reported to the coordinator/clinic manager.

## 6. Vaccine Preparation

Only remove the vaccine from the cooler as needed. Shake the vaccine product well before using. Use sterile technique to fill the syringe with a single dose of rabies vaccine. Use the entire contents once opened.

## 7. Vaccine Disposal

At the end of the clinic, discard any remaining vaccine in opened vials or filled syringes. Syringes and biologics should be appropriately discarded in sharps/biohazard containers.

## V. Rabies Vaccine Administration

### 1. Eligibility

Animals must be  $\geq 3$  months old to be vaccinated with IMRAB<sup>®</sup> 3. If using an alternate rabies vaccine, please comply with manufacturer instructions.

- **If the animal is less than 3 months of age:** Inform the owner that the animal cannot be vaccinated until 3 months of age. Encourage the owner to have the animal vaccinated at 3 months of age.
- **If the animal is 3 months of age or older:**
  - If the dog or cat has NEVER received a rabies vaccination: the primary vaccination expires 1 year from the date of the clinic.
  - If the dog or cat is over one year of age and has received a documented rabies vaccination in the past: the vaccination expires 3 years from the date of the clinic (even if the previous rabies vaccination has expired).
  - If no documentation is provided, the vaccination expires in 1 year.
  - Ferret vaccinations expire 1 year from the date of the clinic in every instance.

### 2. Vaccine Administration

Veterinarians will administer rabies vaccine to animals in accordance with the specifications on the vaccine product label and package insert and current recommendations for immunizations procedures, such as the NASPHV Compendium of Animal Rabies Prevention and Control.

The rabies vaccine should be administered subcutaneously in the right distal hind limb for all dogs, cats, and ferrets. The veterinarian, however, may use his/her discretion in identifying an appropriate anatomic site for vaccination.

### **3. Adverse Vaccine Reactions**

Adverse reactions to vaccination warrant veterinary attention. Injectable drugs such as corticosteroids, antihistamines, and/or epinephrine may be administered by the veterinarian depending on the severity of clinical signs. Veterinary discretion should be used in determining appropriate treatments and/or referring the animal for further care.

All adverse reactions to the rabies vaccine should be reported to the United States Department of Agriculture (USDA) Center for Veterinary Biologics. 3 options are available:

1. Online: <http://www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth>.  
Choose Veterinary Biologics menu option and download PDF form.
2. Phone: 1-800-752-6255
3. Fax: 515-337-6120

### **4. Owner Education**

Twenty-eight (28) days after primary vaccination, a dog, cat, or ferret is considered immunized. Animal owners should be advised to protect their animal from potential rabies exposures during the 28-day development of antibody protection. The animal is considered currently vaccinated and immunized immediately following a booster dose (antibody development is immediate).

Attachment C: “Rabies Vaccination Information” is an educational handout that can be distributed to pet owners. It provides information regarding the rabies vaccine, potential adverse reactions to rabies vaccination, and information to assist owners if an adverse reaction is noted. Please contact CZVBD for copies of handouts as needed.

Attachment E: “Rabies Fact Sheet” is an educational handout that can be distributed at antirabies vaccination clinics. MDH recommends that additional handouts about rabies and other public health concerns also be made available to owners at the clinics; please contact CZVBD for copies of handouts as needed.

## **VI. Payment**

Each local jurisdiction determines the fee for service based on the requirement that the clinics must be self-financing and low-cost.

## **VII. Staff Safety**

Safe handling practices should be employed by all clinic staff members interacting with animals.

ANY WORKPLACE INCIDENT should be reported immediately by the employee and the appropriate procedures for worker accident, injury, and/or worker's compensation should be followed as determined by the local agency.

In the event that an animal bite occurs:

- The wound should be washed thoroughly with soap and water. Disinfectant/antiseptic solutions should be used if available.
- A first aid kit may assist with appropriate wound care and bandaging.
- The staff member should be advised to seek medical attention promptly.
- The bite should be reported to the Clinic Manager/Coordinator and the local health department and the appropriate paperwork completed per jurisdiction requirements (COMAR 10.06.02.05A-B).
- Information describing the biting animal and its vaccination history should be accurately recorded for rabies risk assessment by the local health department.

In the event of human exposure to rabies vaccine (e.g. such as by a needle stick):

Accidental human exposure to rabies vaccine does not constitute a risk for rabies virus infection (NASPHV Compendium of Animal Rabies Prevention and Control, 2016). As described above, appropriate workplace incident reporting procedures should be followed.

## **VIII. Rabies Vaccination Certificates**

COMAR 10.06.02.10D(4) requires that antirabies clinic staff complete the NASPHV Form 51 (Attachment B) or equivalent form and provide a copy to the pet owner.

A breed list is provided for reference (Attachment F) and can be consulted as needed. Regardless of whether breed is known, a description including coat color and other physical characteristics should be accurately noted.

Copies of the NASPHV Form 51, equivalent form, or listing summary by tag number are to be kept for a period of 5 years by the health department (COMAR 10.06.02.10D(5)).

A stamp of the State Public Health Veterinarian’s signature can be obtained from MDH and may be used on the rabies vaccination certificates for animals vaccinated at the low-cost clinics.

## **IX. Rabies Tags**

COMAR 10.06.02.10F requires that public antirabies clinics issue a rabies tag to the owner of each vaccinated animal. The tag shape and color are specified annually by NASPHV. Tag specifications for recent years are:

<b>2010:</b> Orange	Oval	<b>2016:</b> Red	Heart
<b>2011:</b> Green	Bell	<b>2017:</b> Blue	Rosette
<b>2012:</b> Red	Heart	<b>2018:</b> Orange	Oval
<b>2013:</b> Blue	Rosette	<b>2019:</b> Green	Bell
<b>2014:</b> Orange	Oval	<b>2020:</b> Red	Heart
<b>2015:</b> Green	Bell	<b>2021:</b> Blue	Rosette

The local health department may use the state contract to order rabies tags from the designated tag company.

## **X. Recordkeeping and Data Management**

The antirabies Coordinator/Clinic Manager will collect and manage clinic data regarding the number of animals vaccinated and associated costs, as specified in COMAR 10.06.02.10G(5). A recordkeeping template is provided as Attachment D. Summary information should be provided to the Center for Zoonotic and Vector-Borne Diseases when requested.

## **XI. Recommended References**

1. Statute and Regulations:
  - a. Annotated Code of Maryland Health-General Article, Subtitle 3. Specific Diseases. Part III. Rabies, § 18-315. Antirabies clinics.
  - b. Annotated Code of Maryland Regulations COMAR 10.06.02 Rabies (2017)
2. National Association of State Public Health Veterinarians (NASPHV) Compendium of Animal Rabies Prevention and Control:  
<http://www.nasphv.org/Documents/NASPHVRabiesCompendium.pdf>
3. 2017 American Animal Hospital Association (AAHA) Canine Vaccination Guidelines: [https://www.aaaha.org/guidelines/canine\\_vaccination\\_guidelines.aspx](https://www.aaaha.org/guidelines/canine_vaccination_guidelines.aspx)
4. 2013 American Association of Feline Practitioners Feline Vaccination Advisory Panel Report: <https://www.catvets.com/guidelines/practice-guidelines/feline-vaccination-guidelines>

CZVBD staff will regularly review and update these clinic procedures as needed.

Approved by:



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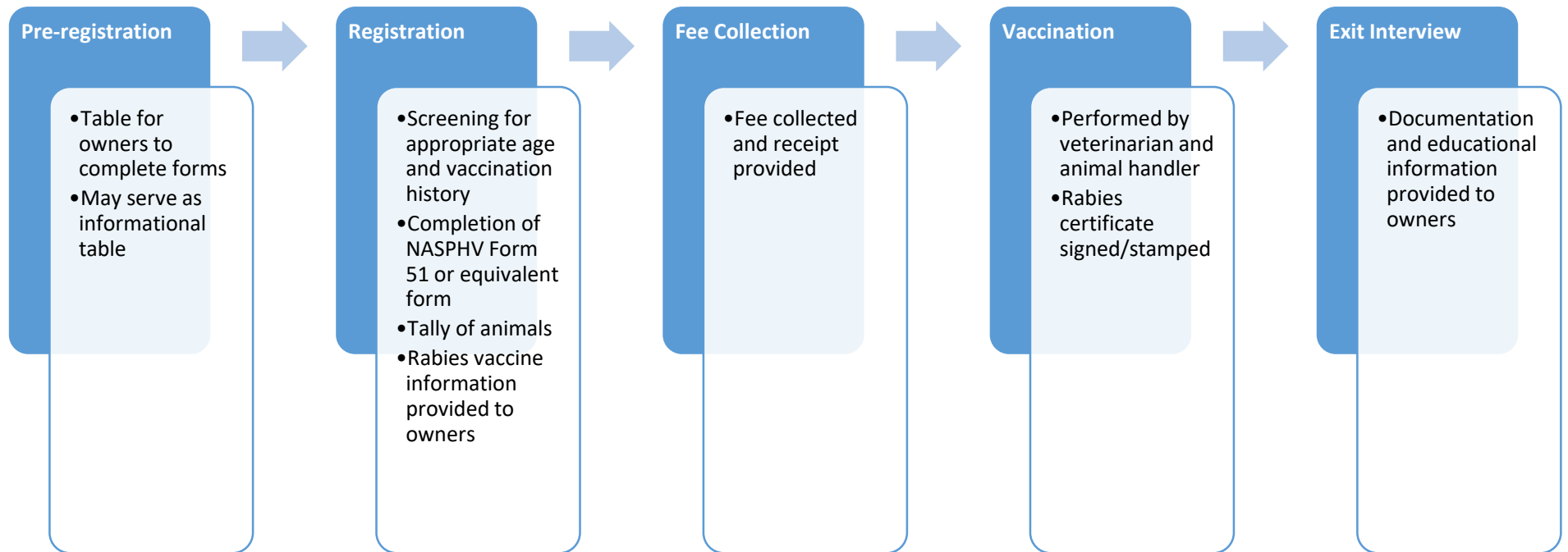
David A. Crum, D.V.M, M.P.H.  
Acting State Public Health Veterinarian  
Issued January 22, 2018

## **XII. Attachments (A – F)**

- A. Antirabies Vaccination Clinic Flow Chart
- B. NASPHV – Rabies Vaccination Certificate
- C. Rabies Vaccine Information
- D. Antirabies Clinic Vaccination – Recordkeeping sheet
- E. Rabies Fact Sheet
- F. Dog and Cat Breeds

# Antirabies Vaccination Clinic Flow Chart

ATTACHMENT A





RABIES VACCINATION CERTIFICATE  
 NASPHV FORM 51 (revised 2007)

Owner's Name & Address <span style="float: right;">Print Clearly</span> LAST <span style="margin-left: 100px;">FIRST</span> <span style="margin-left: 100px;">M.I.</span>			RABIES TAG #	
			MICROCHIP #	
NO. <span style="margin-left: 100px;">STREET</span> <span style="margin-left: 100px;">CITY</span> <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span>			TELEPHONE #	
SPECIES Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> _____ <small>(specify)</small>	AGE Months <input type="checkbox"/> Years <input type="checkbox"/> SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered	SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	PREDOMINANT BREED _____ _____ _____	PREDOMINANT COLORS/MARKINGS _____ _____ _____
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____			ANIMAL NAME _____ _____ _____	
<b>DATE VACCINATED</b> _____ Month / Day / Year	Product Name: _____ Manufacturer: <input type="text"/> <input type="text"/> <input type="text"/> <small>(First 3 letters)</small> <input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine  <input type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose _____ Vaccine Serial (lot) Number		Veterinarian's Name: _____ License Number: _____ _____ Veterinarian's Signature Address: _____ _____ _____	
<b>NEXT VACCINATION                  DUE BY:</b> _____ Month / Day / Year				

### **Rabies Virus Information**

Rabies is a deadly disease of warm-blooded animals, caused by a virus that attacks the nervous system.

In Maryland, rabies is most often found in raccoons, skunks, cats, bats, and groundhogs. Other mammals including dogs, ferrets, and farm animals, can get rabies if they are not vaccinated.

### **Rabies Vaccine Information**

The rabies vaccine is required by law for cats, dogs and ferrets (Md. Code Ann., Health-General § 18-318).

Your pet will be given an inactivated rabies virus vaccine that is approved for vaccination of healthy dogs, cats and ferrets, 3 months of age or older.

If this is the first rabies vaccine for your cat or dog, it will be good for 1 year. Your dog or cat must receive a booster dose 1 year from today's date.

If your cat or dog has received the rabies vaccine before (either at one of our clinics or at your regular veterinarian) the vaccine is good for 3 years. You must provide proof of previous vaccination to verify that today's vaccination is good for 3 years.

Rabies vaccination for ferrets is only good for one year and must be given annually.

### **Rabies Vaccination Adverse Reaction Information**

**It will be your responsibility to pay for any and all treatment necessary if your pet experiences anaphylaxis or requires veterinary care after receiving the rabies vaccine.**

Mild side effects are common after receiving the rabies vaccine. These signs usually start within a few hours of vaccination and last for 24- 48 hours. If the following clinical signs persist for more than 24 hours, contact your regular veterinarian.

- **Mild fever**
- **Pain or redness and swelling at the vaccination site**
- **Decreased appetite and activity level**

Although uncommon, severe allergic reactions (called anaphylaxis) may also occur. These reactions may be life threatening and constitute a medical emergency. **Seek veterinary care immediately if any of the following signs are noted:**

- **Collapse**
- **Difficulty breathing or severe coughing**
- **Swelling of the head and neck area**
- **Persistent vomiting or diarrhea**
- **Skin bumps or "hives" all over the body**



**ANTIRABIES CLINIC VACCINATION – RECORDKEEPING SHEET**

ATTACHMENT D

\_\_\_\_\_ **Date of Clinic** \_\_\_\_\_ **Hours of Clinic** \_\_\_\_\_  
**County** \_\_\_\_\_  
**Circle Staff Present:**    Coordinator/Manager    Fee Collector    Veterinary Assistant    Exit Interviewer  
    Greeter/Registrar    Veterinarian    Vaccine Preparer  
**Location of Clinic** \_\_\_\_\_  
**Other staff roles (describe):** \_\_\_\_\_ **Fee: \$** \_\_\_\_\_

INSTRUCTIONS: As vaccinations are given, please total the appropriate number by category. Please maintain these data for reporting to MDH upon request. You may reproduce these sheets as necessary.

SPECIES	VACCINE	NUMBER VACCINATED	TOTAL	
DOG	1-year		Total dogs =	
	3-year			
CAT	1-year		Total cats =	
	3-year			
FERRET	1-year		Total ferrets =	
			<b>CLINIC TOTAL =</b>	

# Rabies Fact Sheet

**Rabies is a deadly disease caused by a virus that attacks the nervous system**

**Rabies is a disease of warm-blooded animals**

In Maryland, rabies is most often found in raccoons, skunks, foxes, cats, bats, and groundhogs. Other mammals including dogs, ferrets, and farm animals can get rabies if they are not vaccinated. Rabies is rarely reported in rabbits and small rodents, such as squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, and mice. Many recent human rabies cases in the United States have been associated with bats. Although people usually know when a bat has bitten them, bats have small teeth that may not leave marks on the skin.

**Rabies is usually spread to humans through the bite of an infected (“rabid”) animal**

Other possible exposures include getting infected saliva from a rabid animal into an open wound or in the eyes, nose, or mouth. Rabies is not spread by petting a rabid animal or contact with blood, urine, or feces (stool).

**Rabies virus infects the brain and spinal cord of animals and humans**

Rabies in animals causes paralysis and changes in behavior. Animals may become very aggressive or unusually friendly. Muscles of the throat and jaw may become paralyzed and cause drooling. Seizures are common. In humans, the virus causes fever, headaches, unusual tingling sensation, confusion, tightening of the throat muscles, hydrophobia (fear of water), and seizures. The disease rapidly progresses to paralysis, coma, and death. Rabies is almost always fatal.

**Rabies in humans can be prevented by getting rabies shots**

- Rabies shots given soon after an exposure will prevent rabies.
- Pre-exposure rabies vaccinations should be considered if you
  - 1) Have frequent contact with potentially rabid animals; or
  - 2) Will be traveling in a foreign country and you are likely to come in contact with animals in an area where dog rabies is common and prompt access to appropriate medical care may be limited.

**If you are bitten by or exposed to an animal that may be rabid, you should:**

- If it is a wild animal, try to trap it if you can do so safely. If the animal must be killed, try not to damage the head.
- If it is an owned animal, get the animal owner's name, address, and telephone number.
- Immediately wash the wound well with soap and water; if available, use a disinfectant to flush the wound.
- Get prompt medical attention.
- Immediately report the exposure to your local animal control agency, health department, or police.
- Consider treatment if a bat was present and exposure cannot be reasonably ruled out (e.g., a sleeping person awakens to find a bat in the room, or an adult sees a bat in the room with a previously unattended child or mentally disabled or intoxicated person).

**Exposure to rabies can be prevented**

- Do not approach, handle, or feed wild or stray animals.
- Have your dogs, cats, and ferrets vaccinated against rabies and keep the vaccinations up-to-date.
- Do not leave pets outside unattended or allow them to roam free.
- Cover garbage cans tightly and do not leave pet food outside; this may attract wild and stray animals.
- Teach children to stay away from wild animals or animals that they do not know.
- Prevent bats from entering your home by using window screens and chimney caps and by closing any openings greater than ¼ inch by ½ inch. Bats found in the home should be safely collected, if possible, and tested for rabies.
- Wear gloves when handling an animal if it has been in a fight with another animal. Keep it away from people and other animals and call your veterinarian or local health department to report the animal exposure.

## Dog Breeds\*

ATTACHMENT F

- Affenpinscher
- Afghan Hound
- Airedale Terrier
- Akita
- Alaskan Malamute
- American Eskimo Dog
- American Foxhound
- American Staffordshire Terrier
- American Water Spaniel
- Anatolian Shepherd Dog
- Australian Cattle Dog
- Australian Shepherd
- Australian Terrier
- Basenji
- Basset Hound
- Beagle
- Bearded Collie
- Bedlington Terrier
- Belgian Malinois
- Belgian Sheepdog
- Belgian Tervuren
- Bernese Mountain Dog
- Bichon Frise
- Black and Tan Coonhound
- Bloodhound
- Border Collie
- Border Terrier
- Borzoi
- Boston Terrier
- Bouvier des Flandres
- Boxer
- Briard
- Brittany
- Brussels Griffon
- Bull Terrier
- Bulldog
- Bullmastiff
- Cairn Terrier
- Canaan Dog
- Cardigan Welsh Corgi
- Cavalier King Charles Spaniel
- Chesapeake Bay Retriever
- Chihuahua
- Chinese Crested
- Chinese Shar-Pei
- Chow Chow
- Clumber Spaniel
- Cocker Spaniel
- Collie
- Curly-Coated Retriever
- Dachshund
- Dalmatian
- Dandie Dinmont Terrier
- Doberman Pinscher
- English Cocker Spaniel
- English Foxhound
- English Setter
- English Springer Spaniel
- English Toy Spaniel
- Field Spaniel
- Finnish Spitz
- Flat-Coated Retriever
- French Bulldog
- German Pinscher
- German Shepherd Dog
- German Shorthaired Pointer
- German Wirehaired Pointer
- Giant Schnauzer
- Golden Retriever
- Gordon Setter
- Great Dane
- Great Pyrenees
- Greater Swiss Mountain Dog
- Greyhound
- Harrier
- Havanese
- Ibizan Hound
- Irish Setter
- Irish Terrier
- Irish Water Spaniel
- Irish Wolfhound
- Italian Greyhound
- Japanese Chin
- Keeshond
- Kerry Blue Terrier
- Komondor
- Kuvasz
- Labrador Retriever
- Lakeland Terrier
- Lhasa Apso
- Löwchen
- Maltese
- Manchester Terrier
- Mastiff
- Miniature Bull Terrier
- Miniature Pinscher
- Miniature Schnauzer
- Newfoundland
- Norfolk Terrier
- Norwegian Elkhound
- Norwich Terrier
- Nova Scotia Duck Tolling Retriever
- Old English Sheepdog
- Otterhound
- Papillon
- Parson Russell Terrier
- Pekingese
- Pembroke Welsh Corgi
- Petit Basset Griffon Vendéen
- Pharaoh Hound
- Pointer
- Polish Lowland Sheepdog
- Pomeranian
- Poodle
- Portuguese Water Dog
- Pug
- Puli
- Rhodesian Ridgeback
- Rottweiler
- Saluki
- Samoyed
- Schipperke
- Scottish Deerhound
- Scottish Terrier
- Sealyham Terrier
- Shetland Sheepdog
- Shiba Inu
- Shih Tzu
- Siberian Husky
- Silky Terrier
- Skye Terrier
- Smooth Fox Terrier
- Soft Coated Wheaten Terrier
- Spinone Italiano
- St. Bernard
- Staffordshire Bull Terrier
- Standard Schnauzer
- Sussex Spaniel
- Tibetan Spaniel
- Tibetan Terrier
- Toy Fox Terrier
- Vizsla
- Weimaraner
- Welsh Springer Spaniel
- Welsh Terrier
- West Highland White Terrier
- Whippet
- Wire Fox Terrier
- Wirehaired Pointing Griffon
- Yorkshire Terrier

## Cat Breeds\*\*

- Abyssinian
- American Bobtail
- American Curl
- American Shorthair
- American Wirehair
- Balinese
- Birman
- Bombay
- British Shorthair
- Burmese
- Chartreux
- Colorpoint Shorthair
- Cornish Rex
- Devon Rex
- Egyptian Mau
- European Burmese
- Exotic
- Havana Brown
- Japanese Bobtail
- Javanese
- Korat
- LaPerm
- Maine Coon
- Manx
- Norwegian Forest Cat
- Ocicat
- Oriental
- Persian
- RagaMuffin
- Ragdoll
- Russian Blue
- Scottish Fold
- Selkirk Rex
- Siamese
- Siberian
- Singapura
- Somali
- Sphynx
- Tonkinese
- Turkish Angora
- Turkish Van

\*American Kennel Club

\*\*The Cat Fanciers Association