Vermont Veterinary Technician Association
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RABIES PRE-EXPOSURE (ID) VACCINATION CONSENT FORM

Rabies is a viral disease that affects the brain. It is most always fatal once the symptoms develop. The rabies virus is transmitted through contact with saliva or nervous tissue of an infected animal. Persons with regular contact with wild animals should receive rabies prevention with Human Diploid Cell Vaccine (HDCV). A series of three vaccinations given on days 0, 7, 21 or 28 should provide adequate protection. Titers should be checked every two years and booster doses of vaccine should be given if the titer is less than 1:5. You will need additional boosters if you are bitten/exposed to a rabid animal even though you have received all of your pre-exposure shots.

Contraindications to vaccine: Certain drugs may interfere with the development of immunity if taken during the course of rabies vaccination. These drugs are all immunosuppressive agents (e.g., steroids, chemotherapy). Pre-exposure vaccination should not be given until the person stops taking these drugs. Similarly, persons with immunosuppressive illnesses may choose to wait until illness resolves before being vaccinated. Persons with a developing illness involving fever should delay vaccine until illness is resolved. It is not known whether the rabies vaccine can cause fetal harm when administered to a pregnant woman, or if it can affect reproductive capacity. Rabies vaccine should be given to a pregnant woman only if clearly needed. A pregnant woman or a woman planning a pregnancy should consult with her private physician or obstetrician before receiving rabies pre-exposure vaccination. People with a history of serious reaction to rabies vaccine or any of its components (e.g., neomycin) in the past should consult their physician before being re-vaccinated.

Possible adverse reactions or side effect of vaccination: Local reactions at the injection site such as pain or itching commonly occur. Systemic reactions such as headache, nausea, and dizziness occur in 5-40% of recipients. Approximately 6% of persons receiving booster doses of rabies vaccine develop an immune-complex reaction consisting of hives, joint pain, and fever. Serious allergic (anaphylactic) reactions occur rarely following vaccination. For severe reactions, call your physician. Rarely, the vaccine may fail to induce an adequate level of immunity. Your physician should report any serious reaction to us so we can notify manufacturer and VT Department of Health.

CONSENT FORM *MAKE AN EFFORT TO WRITE LEGIBLY*

I have read the above statements about rabies, HDCV and the contraindications and side effects. I was advised that this is off label use of the vaccine. I have had the opportunity to ask questions and understand the benefits and risks of rabies vaccination and request that it be given to me or to the person named below. I am the parent or legal guardian. All vaccinations will be given by a nurse working for Stephanie Wawrzyniak, ND.

Signature _____ Name _____

Date of Birth _____ Complete Address_____

Email address_____

Animal Hospital or Place of Work pertinent to Rabies exposure:_____

Telephones (H/C/WK)_____

Allergies: _____

ANY MEDICAL CONDITION DR. SHOULD KNOW ABOUT: _____

Name and Phone number of your General Practitioner: _____

Return this form to Deb Glottmann VVTA President via email (dglottmann1@gmail.com), fax (802-229-1911) or mail (210 Center Road Montpelier, VT 05602) by March 1th with CHECKS ONLY. If your payment is not received you are not getting vaccinated. The vaccine is very expensive. Once the vial is opened it must be used within four hours. Please understand there is ZERO WIGGLE ROOM once you have committed.