



Town of Stony Plain  
4905 – 51 Avenue  
Stony Plain, AB T7Z 1Y1  
Direct Phone: 780.963.2151

## DOMESTIC ANIMAL WAIVER VACCINATION FORM

Vaccinating domesticated animals against rabies protects the individual animal against a virtually 100% fatal disease. Modern rabies vaccines are considered very safe and have a low incidence of adverse effects. It is strongly encouraged by the Town of Stony Plain that rabies vaccinations are obtained for *domestic animals*; however, this form may be used as a waiver of the rabies vaccination requirement as per Section 1.4.4 of the “*Responsible Pet Ownership Bylaw*” (2566/AC/16) Hereinafter referred to as the “*Bylaw*”.

By signing this form, I acknowledge the below statements (*initial required after each point*):

1. I, \_\_\_\_\_ (***please print***), the owner of this domestic animal take full responsibility for any injuries and associated medical and legal costs involved with the potential transmission of the rabies virus from this domestic animal to any other animal, livestock, wildlife or human.  
\_\_\_\_\_ (initial)
2. I understand that the Town of Stony Plain does not assume any liability in regards to the licensing of said animal and its subsequent actions. \_\_\_\_\_ (initial)
3. I understand that this waiver does not exempt me from any other duties or obligations under the *Bylaw* and it is strongly encouraged that in order to minimize the risk of exposure to rabies the domestic animal should be kept on a leash and away from other animals, including wildlife. \_\_\_\_\_ (initial)
4. I understand that if my domestic animal does contract rabies, I will follow all requirements as per Section 8.0.0 of the *Bylaw*. This includes surrendering this domestic animal upon demand by a Peace Officer who has reasonable and probable grounds to suspect of having been exposed to rabies or any communicable disease, for supervised quarantine. The expenses shall be borne by me for this purpose. \_\_\_\_\_ (initial)
5. I understand that if my domestic animal is bitten by an animal adjudged to be rabid, I will be required to either treat the rabies infection at my expense under quarantine or the domestic animal will be destroyed. \_\_\_\_\_ (initial)

Domestic Animal’s Name: \_\_\_\_\_ License No: (With Year) \_\_\_\_\_

Owner’s Name: \_\_\_\_\_

Owner’s Address: \_\_\_\_\_

Owner’s Phone Number: \_\_\_\_\_

Owner’s signature of understanding: \_\_\_\_\_

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act*. It will be used for the purpose of completing the Domestic Animal Waiver Vaccination Form. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-963-2151.