

WAIVER FOR RABBIT HEMORRHAGIC DISEASE (RHD) VACCINATION

I have elected to have my rabbit(s), _____ (patient name(s)) vaccinated with ***Filavac*** vaccine, as an attempt to protect against Rabbit Hemorrhagic Disease Virus Serotype 2 (RHDV2). I understand the following:

1. This vaccine is not licensed in the US and is being used under a special research and evaluation import permit from the USDA (US Department of Agriculture).
2. This vaccine does not guarantee full protection against the disease, rabbit hemorrhagic disease.
3. For best efficacy, it is recommended that rabbits over 1 month of age receive the vaccine and then are given a booster vaccine every year. ****Please note that booster vaccines will only be available if additional vaccine importation is permitted by the state veterinarian's office and USDA.****
4. The vaccine will take a minimum of 7 days to provide some protection.
5. Side effects have been documented in rabbits given the vaccine, including but not limited to: lethargy, fever, digestive upset, nodule or swelling at vaccination site, anaphylactic reaction, and death. If my rabbit develops any side effects from the ***Filavac*** vaccine or the vaccination procedure, I do not hold the Baker Bristol Pet Hospital responsible, and as the owner of this rabbit, will assume full responsibility for any treatment costs associated with said side effects.
6. I acknowledge that there may be other, unknown risks and that the long-term effects and risks of this vaccine are not known at this time.
7. The effects of this vaccine on fertility have not been determined and the risk of abortion in pregnant does is undetermined at this time.
8. There is currently no medical data on the interaction of this vaccine with other medical products.
9. Because rabbits are considered by some for meat production, USDA requires a 21-day withdrawal period for meat consumption, to avoid potential risks to US food supplies.
10. We ask that you stay (in your car) for 15 minutes after vaccination in case there is an adverse reaction.

I have read and fully understand the terms and conditions set forth above. I, as the undersigned owner (or agent) of the pet identified below, authorize the staff of Baker Bristol Pet Hospital to vaccinate my rabbit with the vaccine.

Owner name (printed)

Date

Owner signature

Witness signature