



Health and
Human Services

PAT McCrory
Governor

RICHARD O. BRAJER
Secretary

Certified Rabies Vaccinator (CRV)

Memorandum of Understanding

I understand that I have been appointed by the Local Health Director for the purpose of vaccinating dogs, cats and ferrets in his/her county and I will make myself available to participate in the county rabies control program.

I understand that I will not begin vaccinating dogs, cats or ferrets against rabies until I have received official notification of successful completion of this class from either a State Public Health Veterinarian, Veterinary Public Health Office or the Local Health Director.

I understand and agree that animals must be vaccinated against rabies in accordance with guidelines set forth by the vaccine manufacturers and the State of North Carolina. I understand and agree that any vaccination given to an animal outside the guidelines set forth by the vaccine manufacturer and/or the State of North Carolina is not a legal vaccination. I have received and understand the information that demonstrates methods to determine the age of a dog or cat by dentition.

I understand that vaccinating an animal outside of guidelines set forth by the vaccine manufacturers or any additional stipulations of my appointment set forth by the Local Health Director or the State of North Carolina may result in the termination of my appointment as a Certified Rabies Vaccinator (CRV).

I understand that I alone am certified to vaccinate dogs, cats and ferrets against rabies and only in the county in which I am certified as directed by the local Health Director. I understand that it is not legal to allow any other (non-certified) staff members to vaccinate dogs, cats or ferrets against rabies, even if they are under my supervision.

I understand that I must provide a rabies vaccination certificate (such as NASPHV form 51) and a rabies vaccination tag for each dog, cat or ferret vaccinated against rabies. I understand that the vaccination certificate must be completed in its entirety and must be legible.

Name of CRV: Printed

Name of CRV: Signed

County and Organization that you will serve

Date: _____

Supervisor's Name _____

Local Health Director's Name _____

Email of CRV appointee _____@_____

CRV appointee Phone () _____ - _____

FORM: MOU60123016rev1

