



Heartland Veterinary Clinic  
312 Maine Ave. S.  
Brookings, SD 57006  
(605) 697-5252

## Waiver for Rabbit Hemorrhagic Disease Vaccination

Client's Name: \_\_\_\_\_

Patient's Name(s): \_\_\_\_\_

I, the owner or authorized agent for the owner of the above rabbit(s), have elected to have my rabbits vaccinated 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 United States and is being used under a special research and evaluation import permit from the United States Department of Agriculture (USDA).
2. This vaccine does not guarantee full protection against rabbit hemorrhagic disease.
3. For best efficacy, it is recommended that rabbits over 1 month of age receive the first dose of the vaccine, followed by a second dose 21 days after the initial dose. Rabbits will then receive a booster vaccine every year.
4. The vaccine will take a minimum of 7 days after the second dose 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 vaccine or the vaccination procedure, I do not hold the veterinarians or staff responsible, and as the owner of this rabbit, will assume full responsibility for any treatment costs associated with said side effects.
6. The effects of this vaccine on fertility have not been determined and the risk of abortion in pregnant does is undetermined at this time.
7. There is currently no medical data on the interaction of this vaccine with other medical products.
8. Because rabbits are considered by some for meat production, USDA requires a 21-day withdrawal period for meat consumption, to avoid potential risks to United States food supplies.

### Authorization and Risk Assessment

I have read and fully understand the terms and conditions set forth above. I understand that during this procedure, great care is taken to ensure my pet's health, but unforeseen conditions may be revealed that necessitate an extension or variance in the procedure defined above. **I authorize Heartland Veterinary Clinic to perform any additional diagnostics, or treatments deemed necessary for complications or any unforeseen circumstances.** I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any associated risks. I will **not** hold Heartland Veterinary Clinic, the veterinarians, or veterinary team members liable for any complications that may arise. I also understand that **I assume financial responsibility for all services rendered and that all charges are to be paid at the time of service.**

Owner/agent signature: \_\_\_\_\_

Date: \_\_\_\_\_