

Rabbit RHD Waiver Yearly Booster

WAIVER FOR RABBIT HEMORRHAGIC DISEASE (RHD) VACCINATION.

Client Name- _____

Rabbit Name - _____

- I have elected to have my rabbit to be administered the Medgene Labs RHDV-2 vaccine, protect against Rabbit Hemorrhagic Disease Virus Serotype 2 (RHDV2) and a microchip.

I understand the following:

1. This vaccine is not licensed in the US and is being used under a special 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 in 3 weeks. **Please note further studies are needed to determine how often the vaccine will need to be administered after its initial series. We expect this will be every 12 months, as with European vaccine *
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 Medgene Labs RHDV-2 vaccine or the vaccination procedure, I do not hold Kensington Bird and Animal Hospital or the veterinarians 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 the waiting room) for 15 minutes after vaccination in case

there is an adverse reaction.

11. I understand that no guarantee or warranty has been made regarding the results that may be achieved. You have my permission to provide such treatment and I agree to pay for such services. I understand that any services, including any treatments for adverse side effects will be paid for at the time of service.

- Consent*

☐ I authorize the veterinarian(s) at Kensington Bird and Animal Hospital to administer the Medgene Labs RHDV-2 vaccine. I have read and fully understand the terms and conditions set forth above.

- Consent*

☐ I am 18 years old or older.

Name of Client or Authorized Agent

Date : _____