



To the Legislators in the Public Health Department of State of Connecticut:

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-This represents a review of the scientific articles Dr. Robb utilized to develop his vaccine protocol and key points and conclusions condensed to assist you in your evaluation of these articles without reading them "Cover to Cover". Certainly all salient points presented here can be found if desired by referring back to the original texts. This information only represents a small fraction of available scientific information. I have accumulated over 10,000 pages of documents over the past 5 years but have chosen to present these few documents so the committee members are not encumbered due to their busy and far reaching schedules.

Exhibits 1, 2 and 3: Represent three small size dogs that either got sick or died following vaccination. Exhibit 1 shows a patient of mine re-vaccinated by Mars which developed facial swelling and needed immediate treatment following a full 1 ml dose of rabies vaccine. I had vaccinated this same dog with a smaller volume and it did not have a reaction Exhibit #3 was a pet named "AliRose" who died of hemolytic anemia (the immune system goes awry after overstimulation of the vaccine and produces antibodies against its own red blood cells) shortly after receiving just the rabies vaccine

Exhibit 4: Article by Dr. Schultz: **Does your pet really need that rabies shot?**

"Dr. Schultz reminds every pet owner that you are the one with the ability to get the laws changed ..."

"... there are few people who know more about vaccines than Dr. Schultz. He titers the puppy or kitten 2 or more weeks post vaccine to make sure the animal has responded, and as long as the response is adequate, he would probably not re-vaccinate for the rest of the dog's life. This is the protocol he has followed since 1974."

"Dr. Schultz reiterates his rabies vaccine protocol is because of the law, not because every 3 year vaccines are necessary immunologically. The law is not interested in when an animal actually needs another rabies vaccine to be protected -the law simply demands every 1,2 or 3 year vaccinations with no consideration for whether the animal's body is already immune to rabies virus thanks to a prior vaccine."

Exhibit 5: Article -**The Science has been done**



“It is misrepresentation, a deceptive trade practice, for a Veterinarian to recommend, charge for, or administer a vaccine, where there is no scientifically proven benefit to the patient, or that a reasonable client would not elect to purchase or have administered if given the information necessary to make an informed decision.”

“The duration of immunity for Rabies vaccine....has been demonstrated to be a minimum of 7 years by serology (titer)....”

“After the second rabies vaccination, re-administration of rabies vaccine does not enhance the immune status of the patient....”

“...revaccination does not enhance antibody levels or improve immunity ...the immunity provided by the previous vaccination not only protects against virulent disease but also prevents response to revaccination.”

“The patient receives no benefit and may be placed at serious risk when an unnecessary vaccine is given. Few or no scientific studies have demonstrated the need for cats and dogs to be revaccinated”.

“Immunity to viruses persists for years or for the life of the animal.”

“Re-vaccination of patients with sufficient immunity does not add measurably to their disease resistance, and may increase their risk of adverse post vaccination events.”

“The client is paying for something with no effect or the potential for an adverse reaction”

“Although many Veterinarians will, for various reasons resist and delay the adoption of new protocols they should know that adherence to old protocols may, in light of new knowledge, not protect them as conformity to custom is not in itself an exercise of care as a matter of law....Did the animal need the vaccine?”

“The Animal Medicinal Drug use Clarification Act (AMDUCA) give veterinarians “discretionary” use of vaccines.”

Exhibit 6: Article: **Liability Related To Vaccination** – only the veterinarian is liable, not the manufacturer

“ ...so using a vaccine in a manner other than stated on the package insert is not considered extra label use,...a more appropriate term is discretionary use.”

“The prevailing standard of care regarding the use of vaccines is in a state of flux.”



“When vaccination inherently involves a know risk of death or serious harm to the animal, it is the veterinarian’s duty to disclose to the client the possibilities of such an outcome...”

Exhibit 7: Connecticut Animal Cruelty law – toxins – Injecting a vaccine that’s not necessary is injecting a toxin

“The state’s broadest anticruelty law makes it a crime ...to expose it (an animal) to poisons....”

(Giving an unnecessary vaccine to an animal is to ‘poison’ it)

Exhibit 8: Rabies in vaccinated dogs in the United States, 1997-2001 vaccinated dogs who still got rabies

“Thirteen (4.9 %)rabid dogs and 22 (2.6%) rabid cats had a history of rabies vaccination” (Non-Responders)

“Results suggested that rabies is uncommon in vaccinated dogs and cats but can occur.....Continued surveillance (titers) is imperative to document vaccination failure....”

Exhibit 9: Kansas State Article – Vaccinations- Non Responders

“The good news is that there are some diseases for which titers have been shown to be a reasonable reliable indicator of protection. Although we can check rabies titers, it is not considered a legal replacement for vaccination.”

Exhibit 10: Medical History of Puppy – breeders telling vets to lower the volume for small dogs

Breeders sending this information with the new pet owner to the veterinarians –

ATTENTION VETERINARIANS

PLEASE ADMINISTER ½ DOSESOF VACCINES, DUE TO THE PUPPIES SMALL AND DELICATE SIZE.

Exhibit 11: Neutralizing Antibody Response in Dogs and Cats Inoculated with Commercial Inactivated Rabies Vaccines 5% non responders

“In Japan, when dogs and cats are imported from rabies-epidemic areas, the rabies quarantine system requires that these animals... (Demonstrate) rabies neutralizing antibody titer in the serum... has to be confirmed as at least 0.5 international units (IU)/ml.”

“Currently, approximately 5%of all serum samples tested in our laboratory do not pass the test.” (Non-responders)



Exhibit 12: Practical Significance of rabies antibodies in cats and dogs – titers indicate immunity to rabies by challenge

“Nevertheless, a large number of laboratory experiments and field observations clearly demonstrate that cats and dogs which develop antibodies after vaccination (titer) and before challenge have a very high probability of surviving any challenge(exposure to virulent rabies), no matter how strong the dose and which (rabies) virus strain used. Rabies antibody titration (titer)can therefore afford a strong additional guarantee to the vaccination certificates”

Table X, XI, and XIV clearly show pets that were vaccinated and demonstrate a protective titer live if exposed to rabies virus and pets that were not vaccinated die.

(The titer level) recognized as effective against experimental challenge in cats and dogs (0.1 IU/ml and 0.2 IU/ml, respectively measured by RFFIT (titer). (The) 0.5 level was used to give some “cushion”

Exhibit 13: Vaccinating Cats and Small Dogs: A Special Danger

“The Vaccination Associated Adverse Event (reaction rate) VAAE decreased significantly as body weight increased”

Exhibit 14: Adverse events diagnosed within three days of vaccine administration in dogs

“The rise of a VAAE in this study population was inversely related to the dog’s weight. (As the weight goes down, reactions go up). This weight response relationship was previously suggested by results of a study in which dogs of toy breeds had significantly more suspected VAAE’s (reactions)... The manufactures recommended dose for all vaccines...was 1 ml regardless of body weight. Vaccines in contrast to virtually all veterinary pharmaceuticals are prescribed on a 1-dose-fits-all basis rather than by body weight.”

Exhibit 15: Kansas State: Test offered by Kansas State University may help decrease yearly vaccines

“The scientists say testing an animal for titers, or antibodies capable of neutralizing rabies, is a valid indication of the animal’s resistance to the rabies virus. When the titer test measures 0.5 international units per milliliter or higher, the pet would be considered protected....”

“In both domestic cats and dogs, there is a positive correlation between rabies neutralizing antibody titers and the level of protection.”

“Titer tests are commonly available at your local veterinarian’s office... a titer test for rabies cost \$30...”

Exhibit 16: Rabies pre –exposure vaccination and titers for veterinarians – double standard



(Put out by AVMA – biased)

“...all staff with animal contact must be vaccinated against rabies, followed by periodic titer check and rabies vaccine boosters in accordance with ACIP(Advisory Committee on Immunization Practices) recommendations.” The ACIP recommends titers on a schedule of every two years to assess protective immunity, booster vaccination recommended if the titer is below 1:5 serum dilution (0.1-0.2 IU/ml).”

“...an overview of rabies challenge studies indicates rabies virus neutralizing antibody (RVNA) levels equal to or above 0.5 IU/ml provides at least equal assurance of protection as does current vaccination status.” (Actually it’s better because of non-responders demonstrated in previous articles)

“Although ACIP guidelines recommend that booster vaccination should be based on the results of RFFIT, the test is not mandated, and some veterinarians may opt for booster instead of titer.

(Dr. Wellborn, past AAHA president and head of the Vaccine Task Force was asked if he would get a rabies booster every year. He said no, because he would not want to get sick.) see exhibit 17

Exhibit 17: Decision-based evaluation of recommendations for pre-exposure rabies vaccination- double standard

“ Adverse reactions(humans) to vaccination range from mild local reactions such as pain at the injection site to more severe systemic type III hyper sensitivity (immune complex mediated) reactions such as serum sickness. There have also been infrequent reports of neurologic syndrome (Guillain-Barre) associated with booster doses of rabies vaccine.”

ACIP guidelines recommend that they (humans) receive a booster every 2 years or have serologic testing performed, with booster doses to be administered only when antibody concentrations (titers) were below an acceptable value. Because frequent booster doses of rabies (humans) have been associated with adverse events...”

(Here in fact is clear a double standard)

Exhibit 18: Titer testing and vaccination: A new look at traditional practices (year is 2002)

“All three year rabies vaccines require protection from challenge at three years and we find antibody (titer) remains at protective levels even longer. We need to remember these studies determined the minimum duration of immunity; the animals weren’t challenged then or we would have found out the full extent of immunity....the minimum duration is likely two to three times as long.”

(The pharmaceutical companies did not go further with their studies because it would have revealed one rabies vaccine is good for life. The Rabies Challenge Study is up to 10 years immunity and still going! Dr.



Schultz's letter to the legislators last year was at 9 years with all vaccinating dogs alive after challenge by injecting virulent rabies virus into them (they only received one rabies vaccine as puppies) when all unvaccinated dogs died year 1 after injection with virulent rabies! Dr. Schultz stated in the Bloomberg article Attorney Secola asked you to read that you could "bathe" the dogs in rabies virus and they would not get sick)

"We see patients with certain diseases primary immunologic deficiencies that are vaccinated annually but develop no titers. Because we didn't do titers in the past we could not identify this problem." (Non-responders)

Dr. Ford said, "The biggest threat posed by not vaccinating every year is that the client then sees no reason to bring the patient to the practice on an annual basis." (Even when they get sick from the vaccine? This is not a medical reason but a financial reason!)

Dr. Scott said, "In feline practice, the risk vs. benefits issue for revaccination became extremely important when we started seeing fibro sarcomas (tumors) develop after vaccination. That conclusion drove us to reevaluate our approach..."

Dr. Olsen, "I think we underestimate how many problems over-vaccination may be causing."

Dr. Schultz, "I tell practitioners that vaccines are drugs, albeit biological drugs. I remind them that they would not consider it good medicine to give an unnecessary pharmaceutical drug on a recurring basis. I think it is even worse to give a vaccine, or biological drug, that isn't necessary. The possible adverse consequences of a vaccine generally far outweigh the adverse consequences of a pharmaceutical drug. A pharmaceutical drug is usually much more restricted in its action. However, each time we stimulate an immune system...."

"Sterile immunity (which the rabies vaccine gives) is the ultimate immunological vaccinal protection. Sterile immunity is protection...thus there can be no disease."

"We all agree that vaccination should be considered an important medical practice – not just something done on an annual basis because many years ago it was most convenient way to improve immunity..."

"We have used vaccine titers for about six years in our practice. But I think the test would be used most often to determine if an animal is protected."

"..titer testing gives the veterinarian and the owner comfort in knowing that the animal has antibodies and is probably protected, so it's acceptable not to vaccinate."

"Dogs with a positive (titer) test need not be vaccinated. "



“We often talk about a titer test as a snapshot in time. As it turns out, it’s more like a motion picture that plays on and on. An animal’s titer is the highest right after vaccination. The titer then decreases but stabilizes within six months to one year and often remains at that level for years. Titers are very stable whether or not animals are revaccinated.... Also frequent re-vaccination does not change the titer. It’s amazing how similar the titers were among dogs that weren’t vaccinated during that time to dogs that were vaccinated every three years and dogs vaccinated annually. If the animal responds and the titer is tested a year or more after vaccination, it will be relatively consistent for many years.”

“I would rather see a blood sample taken yearly from an animal for a titer check than for that animal to receive an unnecessary vaccination. I know that a vaccine may cause harm. Medically, however, I don’t know any harm that might come from taking a blood sample and doing a titer check. ..Many practitioners and owners need assurance that an animal has immunity. An antibody test (titer) could give them that assurance.”

Exhibit 19: Neutralizing Antibody Response in Dogs and Cats Inoculated with Commercial Inactivated Rabies Vaccines

“In Japan, the import quarantine regulations against rabies have required from 2005 that dogs and cats should be inoculated with rabies vaccine and that the neutralizing antibody titer should be confirmed to be at least 0.5 IU/ml.”

“The titer of 0.5 IU/ml or more is considered adequate protection against rabies. Almost all countries accept this threshold for import.”

“Currently, approximately 5% of all serum samples tested in our laboratory does not pass the test.”(Non-responders)

Exhibit 21: Press Release Dr. Dodds – Rapid Rabies titer test.

“Currently, laws regulating rabies vaccination are set locally and statewide and may not allow for the use of blood antibody testing avoiding mandatory rabies revaccination. To comply with the law, veterinarians and pet owners vaccinate at prescribed intervals regardless of existing immunity. This practice was developed to protect public health in a time when vaccine titers were not offered by veterinarians, but it increases the risk of vaccine adverse-events for our dog and cat patients....This study added significant evidence that we may be over vaccinating for rabies in our pet population. To date legislatures and public health agencies have resisted changing rabies vaccination laws to reflect current knowledge about vaccine duration of protection.”



“Rabies vaccinations can be associated with a number of significant, well-documented adverse effects. These include localized swelling and pain, fever, chronic hair loss, vasculitis, seizures, vaccine-related cancer and anaphylactic shock.”

“Once properly vaccinated, such testing can be used to identify if the individual has an antibody level indicative of protection from rabies. If an animal undergoes testing and is found to have adequate protection, the AHVMA supports reform of public health laws so as not to require automatic revaccination. Such booster vaccinations may not be medically necessary. This new testing procedure allows screening for continued rabies vaccine response. This allows veterinarians and pet guardians to effectively decide upon a path that reduces risks of an adverse effect for individual animals while protecting any public health concerns.”

“As science advances we must update public policy to reflect our new understandings. This new testing is a great example of such cooperative efforts.”

“A review of rabies challenge-studies indicated that there is a positive correlation between rabies virus neutralizing antibody (RVNA) titers and the level of protection after rabies virus challenge. Pre-exposure vaccination coupled with a titer at or above 0.5IU/ml indicated greater assurance of protection than does the animal’s current vaccination status alone.”

“Significant post-rabies adverse reactions are an issue not only for dogs and cats, but also are a serious concern for horses, as they must be given rabies boosters annually. Many horses have incredibly high rabies titers, and yet still must be revaccinated annually by law. No matter the species, (humans, dogs, cats, ferrets, horses) the goal is to confirm success with a 0.5 IU/ml titer test.”

Exhibit 22: Rabies-Specific Antibodies: Measuring Surrogates of Protection against a Fatal Disease

“The rapid fluorescent focus inhibition test (RFFIT) remains the “gold standard” assay to measure virus – neutralizing antibodies.”

Exhibit 24: Effects of body weight on antibody titers against parvovirus type 2, canine distemper...

“In small animal practice, therapeutic agents are administered at doses based on body weight and body surface area, but vaccines are administered at constant doses regardless of body weight because they are meant to stimulate an immune system. According to a study of antibody titers obtained after vaccination with commercial inactive rabies vaccine, antibody titer tended to increase as the body weight declined for both vaccines.”

“It is possible the antigen level(the part of the vaccine that stimulates an immune response) may be deficient or excessive according to dog size.”



“While we cannot make a comparison, we regard this finding as being associated with the results of the present study that antibody titers are lower in large dogs than in small dogs after vaccination.”

“Unlike cows, pigs, and cats, body weight differs markedly among dog breeds, so the existing method of administering the same vaccine dose for all dogs, regardless of body weight, may need to be reconsidered. The data obtained from the present study.....showing antibody titers are low for large dogs and high for small dogs should therefore prove useful in compiling future vaccination protocols.”

Exhibit 25: Kansas State: Core Vaccine Titer Screen Information

“The level defined as an adequate response is 0.5IU/ml. This titer level is also recognized by OIE as protective in currently vaccinated dogs and cats based on challenge studies.”

“A review of rabies challenge-studies in currently vaccinated dogs and cats indicates that there is a positive correlation between rabies virus neutralizing antibody (RVNA) titers and the level of protection after virus challenge.”

“Pre-exposure vaccination coupled with RVNA titer at or above 0.5IU/ml is expected to provide greater assurance for protection than does current vaccination status alone.”

“Serological titers can be used to identify potentially susceptible animals (a negative titer/a non responder). Because the titer only measures circulating humoral immunity, patients with negative titers may or may not be protected if challenged and therefore may be considered candidates for re-vaccination.”

Exhibit 26: Factors influencing the antibody response of dogs vaccinated against rabies

“Our data suggests that a general relationship between animal size and level of antibody response exists and smaller sized dogs elicited higher antibody levels than larger breeds of dog.”

“A general relationship between animal size and level of antibody response clearly exists. This could be explained as a vaccine-dose effect, as it is unclear whether any standard policy exists between veterinarians for adjusting vaccine dose by body weight and whether small and large dogs receive the same volume of injection.”

“In the US vaccinated dogs and cats regularly succumb to natural rabies, probably from a wildlife reservoir. This would suggest that there is an increased risk, if vaccinated non-responders are allowed into rabies-endemic areas.”



“Vaccine failure rates of 3.0% and 0.7% remain. These data represents a high level of risk in the consideration of removing the requirement for (titer) testing that rabies vaccination has been successful.”

“Analysis restricted to only adult dogs with a normal sampling time revealed that size still has a significant effect on vaccine response...”

Exhibit 27: Factors associated with the success of rabies vaccination in Sweden

“The aim of the study was to investigate factors associated with reaching the internationally accepted threshold antibody titer of 0.5IU/ml after vaccination of dogs.”

“Breed size was found significant...”

“The probability of success of rabies vaccinations of dogs depends on the type of vaccine used , number of rabies vaccinations , the breed size of the dog, age at vaccination and number of days after vaccination when the antibody titers are tested. The need for a booster is recommended for larger breeds of dogs. (The big dogs need twice the volume)

Exhibit 28: Dr. Jean Dodds – ½ dose successful in vaccinated small dogs

“Results of this study confirmed that receiving a half-dose of canine distemper/parvovirus vaccine was efficacious for this study cohort.”

Exhibit 29: The Most Widely Used Veterinary Manual (Merck Manual)– recognizes small dogs get a higher dose

“Recent studies have indicated that vaccines are more likely to cause adverse effects in small dogs than in large. This is because both receive the same quantity of vaccine, and the smaller dogs receive a relatively larger “dose”.”

Exhibit 30: Kansas State – about the rabies titer test – RFFIT

“However, an overview of rabies challenge studies indicates RVNA (titer) levels equal or above 0.5IU/ml provides at least equal assurance of protections as does current vaccination status.”

Exhibit 31: Vaccine-associated Immune-mediated hemolytic anemia in the dog

“This study provides the first clinical evidence for a temporal relationship of vaccine associated IMHA (hemolytic anemia) in the dog.”

Exhibit 32: Fibrosarcomas at presumed injection in dogs – tumors from vaccines in dogs



“The present study identifies distinct similarities between canine fibro sarcomas (cancer at vaccine injection sites), suggesting the possibility of the development of post injection sarcomas not only in cats, but also in dogs.”

Exhibit 33: Robb lowered the volume and had significantly lower rates or none of hemolytic anemia

“Dr. Robb lowered the vaccine dose for small pets at his Stamford Banfield Hospital. Year after year Dr. Robb had no hemolytic anemia or a much lower percentage of hemolytic anemia at his hospital compared to the other Banfield hospitals.. This proves Dr. Robb’s vaccine protocol to dose the rabies vaccine by the weight of the pet resulted in lower adverse events and saved lives.”

Exhibit 34: **Immune mediated hemolytic anemia secondary to vaccines**

“Recent vaccinations against viral diseases have been implicated as causes of acute onset thrombocytopenia in children (an immune-mediated disease like hemolytic anemia).”

“The situations just described implicate vaccination with attenuated live viruses as one of the causative factors or “triggers” of immune mediated disease in a susceptible host.”

“The possibility exists that frequent exposurevaccines sensitizes a susceptible host to increased risk of developing immune-mediated reactions.”

“Perhaps the most bizarre reactions observed to follow vaccination have been pemphigous-like disorders.(the toe nails on all four of the dogs feet began to slough)”

“In summary, further research is necessary on the immune responses of dogs to vaccination procedures that would normally be considered, “routine”.”

“It is important that the veterinary profession record any unusual drug or vaccine complications...”
(Vaccine reactions are rarely reported by veterinarians since not required to be by law).

Exhibit 35: **The Purdue Vaccine Studies and Auto- Antibodies**

“The vaccinated, but not the non-vaccinated dogs in the Purdue studies developed autoantibodies to many of their own biochemicals, including fibronectin,laminin, DNA, albumin, cytochrome C, cardiolipin, and collagen.

This means that vaccinated dogs-“but not the non-vaccinated dogs” – were attacking their own fibronectin, which is involved in tissue repair, cell multiplication and growth, and differentiation between tissues and organs inn a living organism”



“The vaccinated Purdue dogs also developed auto antibodies to laminin, which is involved in many cellular activities including the adhesion, spreading, differentiation, proliferation and movement of cells. Vaccines thus appear to be capable of removing the natural intelligence of cells.”

“The Purdue studies also found that vaccinate dogs were developing auto antibodies to their own collagen.”

Veterinarians Respond:

Dr. Jean Dodds, “Many veterinarians trace the present problems with allergic and immunologic diseases to the introduction of MLV vaccines.”

Dr. Christina Chambreau, “Routine vaccinations are probably the worst thing that we do for our animals. They cause all types of illnesses, but not directly to where we would relate them definitively to be caused by the vaccine.”

Dr. Marty Goldstein, “I think vaccines... are leading killers of dogs and cats in America today.”

Dr. Charles E. Loops, “Homeopathic veterinarians and other holistic practitioners have maintained for some time that vaccinations do more harm than they provide benefits.”

Dr. Mike Kohn, “In response to this vaccine, there have been increased autoimmune diseases, epilepsy, cancer, as well as behavioral problems in small animals.”

(Unlike many, Dr. John Robb agrees with rabies vaccination but not over-vaccinating. We should use the lowest dosage to stimulate a protective titer and only re-vaccinate only if the titer goes below the 0.5 IU/ml mark previously discussed. “

Exhibit 36: Over-vaccination – An unethical practice

“Pet owners are not being informed that experts warn that vaccination should be minimized to reduce the risk of adverse reactions to vaccine products.”

“Conscientious and caring veterinarians are trying to raise the alarm about the ramifications of this unethical practice, but their warnings are often unheeded.”

“Earlier vaccine guidelines issued by the AAHA Canine Task Force in 2003 note that MLV(modified live vaccines) are likely to provide lifelong immunity.”



I think you; the legislators should read this whole article by Elizabeth Hart, it's too important for me to remove anything.

Exhibit 37: Dr. Robb's research with #3 graphs demonstrating its an linear line and vaccines are dose dependent by weight

This is a graphic representation of information from three articles:

- 1) Adverse events diagnosed within three days of vaccine administration in dogs
- 2) Factors associated with the success of rabies vaccination of dogs in Sweden
- 3) Effects of body weight on antibody titers against parvovirus, distemper, and adenovirus in vaccinated domestic dogs

It clearly shows that vaccines are dose dependent by weight and it's a linear relationship between 0 and 50 lbs. and then it levels out. Antibody titers go up as the weight goes down so you can administer a smaller dose to smaller dogs and still get a protective titer similar in value to a large dog. In addition by lowering the volume the reactions or adverse events go down. **VACCINES ARE DOSE DEPENDENT BY WEGHT!**

Exhibit 38: **Enhancing Clinical Decision Making** – but not for rabies? Can't use scientific knowledge?

“Scientific literature can be used in veterinary practice to make better clinical decisions for the benefit of patients, clients and society as a whole.”

“No single study can fully address most clinical questions, and every study, no matter how well designed had limitations. As a result, clinical decision making typically requires consideration of various, often diverse, sources of information...”

Exhibit 39: **Ultra – ½ ml vaccine** produced

“The industry is moving towards lower volume of vaccine to decrease vaccine reactions.”

Exhibit 41: Comparison of anamnestic responses to rabies vaccination in dogs and cats with current and out-of-date vaccination status

This article shows that a pet that has been vaccinated and established a titer never loses immunity but responds the same to a booster vaccine as a pet who has been vaccinated over and over. This article substantiates what Dr. Schultz said previously that after vaccination the titer levels and stays protective for the life of the pet.



Exhibit 43: New guidance for pets exposed to rabies

'In humans, we utilize titers, "Dr. Moore said. "In humans, if they're pre-exposure vaccinated and exposed to rabies we booster them with great success, and they don't develop disease."

"When it comes to vaccinating either people or animals, they don't just all of the sudden on a predetermined date have zero protection or loss of priming."

Exhibit 44 and 45: Dr. Robb's distemper parvovirus titers with ½ doses – all pets had protective titers **Dr. Robb's rabies titers with ½ doses – all pets had protective titers**

All titers were protective when checked by Dr. Robb following his protocol to lower the dose for small dogs, for rabies, distemper and parvovirus.

Exhibit 46: Dr. Robb contacted USDA to get rabies law changed –

USDA said they take direction from the AVMA Dr. Robb then spoke with Dr. John de Jong, his regional AVMA representative who said." It's the pharmaceutical companies' job and they have no reason to spend the money because they are not liable." Then I spoke to a pharmaceutical representative who said they know vaccines are dose dependent but the veterinarian is responsible to determine the dose for his or her patient!