

# Student Accessibility Services

## Emotional Support Animal Veterinarian Verification Form

Veterinarian Name and/or Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner/Student Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Size of Animal (in pounds): \_\_\_\_\_ Sex of Animal: \_\_\_\_\_

Last de-worming and/or other prophylactic anti-parasitic treatment(s): \_\_\_\_\_

**Please complete all that apply:**

**Canine Vaccinations:**

- Rabies Vaccine Shot Given: \_\_\_\_\_
- Rabies Vaccine Renewal Due Date: \_\_\_\_\_

**Feline Vaccinations:**

- Rabies Vaccine Shot Given: \_\_\_\_\_
- Rabies Vaccine Renewal Due Date: \_\_\_\_\_

**Other animal (please specify):**

\_\_\_\_\_

**By signing this document:**

- I verify that the above mentioned animal has all current vaccinations as required.
- I verify that this animal has been treated and/or examined and found to be free of flea infestation.
- I verify that the above mentioned animal is in general good health and does not pose a direct threat to the health or safety of others.
- I verify that this animal presents no health risk from any zoonotic diseases (if applicable)

**Veterinarian's Name (print legible):** \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State License Number or Professional Certification Information:

\_\_\_\_\_