



Emotional Support Animal (ESA) Veterinarian Verification Form

Please complete the following information:

Veterinarian's Name and/or Clinic Information: _____

Address: _____

City, State, Zip: _____

Phone number and Fax: _____

ESA Information:

Owner's name: _____

ESA's name: _____ Animal Type and Breed: _____

Sex: Male Female Spayed/Neutered: Yes No

Please check all that apply:

General Well Check Completed (for all ESAs)

➤ Canine vaccinations:

- _____ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)
_____ Bordatella
_____ Rabies (Please indicate 1 or 3 year)

➤ Feline vaccinations:

- _____ FVRCP (Panleukopenia, Rhinotracheitis (Herpes), Calicivirus, Chlamydomphila)
_____ FeLV (Feline Leukemia)
_____ Rabies (Please indicate 1 or 3 year)

- I verify the above mentioned animal has all current vaccinations as required.
- I verify that all the above vaccinations will remain current through at least one year.
- I verify the above mentioned animal has been given a stool sample test for internal parasites.
- I verify that the above animal is in general good health.

Veterinarian's Signature

Date:

***The information contained in this form is essential for the health and safety of the ESA, other animals on campus and in the community, and anyone who may come into contact with the ESA.**

****All required licenses must be up to date. Please submit these with this form.****