



COUNSELING AND STUDENT
ACCESSIBILITY SERVICES

**Emotional Support Animal (ESA)
Veterinarian Verification Form**

Students approved to have an Emotional Support Animal (ESA) in campus housing must have their veterinarian verify the ESA's health, vaccinations, and general wellbeing. This information is vital to ensure the safety of the ESA, other animals, and individuals on campus. **Please complete and/or attach the following information:**

VETERINARIAN INFORMATION

Veterinarian's Name: _____ Clinic Name: _____

Address: _____

City, State, Zip: _____

Phone Number and Fax: _____

OWNER AND EMOTIONAL SUPPORT ANIMAL (ESA) INFORMATION

Owner's Name _____ Animal's Name: _____

Species/Breed: _____ Color/Markings: _____

Sex: M F Age: _____ Weight: _____ Spayed/Neutered: Y N Microchipped: Y N

VACCINATION RECORD *(Please check all that apply)*

General Well Check Completed: ☐ Yes ☐ No

☐ **Canine Vaccinations:**

- ☐ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Coronavirus)
☐ Bordetella
☐ Rabies ☐ 1-Year ☐ 3-Year

Date: _____
Date: _____
Date: _____

☐ **Feline Vaccinations:**

- ☐ FVRCP (Panleukopenia, Rhinotracheitis [Herpes], Calicivirus, Chlamydia)
☐ FeLV (Feline Leukemia)
☐ Rabies ☐ 1-Year ☐ 3-Year

Date: _____
Date: _____
Date: _____

Verification Statements *(Please check each box to confirm)*

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

Date: _____
Date: _____
Date: _____
Date: _____

Veterinarian's **Wet** Signature: _____

Date: _____

License Number: _____