Student Accessibility Services
Emotional Support Animal Veterinarian Verification Form

PLEASE COMPLETE THE FOLLOWING INFORMATION:
(Please type or print legibly):

Veterinarian Name and/or Clinic Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

EMOTIONAL SUPPORT ANIMAL INFORMATION: Owner/Student Name:

_____

Animal's Name: _____

Type of Animal: _____ Breed: _____

Color: _____ Age: _____

Size of Animal (in pounds): _____ Sex of Animal □ Male □ Female

Spayed/Neutered: □ Yes □ No Microchipped: □ Yes □ No

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

_____

Please check all that apply:

Canine Vaccinations:

□DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona). Renewal Due Date: _____

□ Bordatella Renewal Due Date: _____

□ Rabies Renewal Due Date: _____

Feline Vaccinations:

□ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)

Renewal Due Date: _____

□ FeLV (Feline Leukemia) Renewal Due Date: _____

□ Rabies Renewal Due Date: _____

Other (please specify): _____

By signing this document, I verify that the above mentioned animal has all current vaccinations as required, and that all of the above vaccinations will remain current through one year**. I verify that the above mentioned animal is in general good health.**

Veterinarian's Signature: _____

Date: _____

State License Number or Professional Certification Information:

_____

Please complete this ESA Veterinarian Verification Form and return it to:

Student Accessibility Services (SAS)
777 Glades Road
SU 80 Room 133
Boca Raton, FL 33431