Disability & 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 has been given a stool sample test for internal parasites.
- 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

Veterinarian’s Name (print legible): ________________________________________________

Veterinarian’s Signature: __________________________________________________________

Date: __________________________

State License Number or Professional Certification Information:

______________________________________________________________________________

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

Laura M. Bagdady, Assistant Director
Disability & Accessibility Support Services
fax: 313-578-0342