

Student Accessibility Services Service Animal Veterinarian Verification Form

Under the ADAAA colleges and universities may have a policy asking students who use service animals to contact the school's Disability Services Office. The purpose of this is to register as a student with a disability for academic accommodations and/or to verify vaccinations are current and that the animal does not pose a direct threat to the health and safety of others.

Veterinarian Name and/or Clinic Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

SERVICE ANIMAL INFORMATION:

Owner/Student Name: _____ Animal's Name: _____

Breed: _____ Color: _____

Age: _____ Size of Animal (in pounds): _____

Sex of Animal Male Female Spayed/Neutered: Yes No

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

Rabies Vaccination Date: _____ Vaccination Expiration Date: _____

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.

Veterinarian's Signature: _____ Date: _____

State License Number or Professional Certification Information:

Please complete this Service Animal Veterinarian Verification Form and return it to:

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