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 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:

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