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