

Accessibility Services Office
Veterinarian Verification Form

Veterinarian's Name and/or Clinic Information: _____

Address: _____

City, State, Zip: _____

Phone number and Fax: _____

ESA Information

Owner's Name: _____

ESA's Name: _____

Animal Type and Breed: _____

Sex: Male Female

Spayed/Neutered: Yes No

Please check all that apply:

Canine Vaccinations

_____ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)\

_____ Bordatella

_____ Rabies

Feline Vaccinations:

_____ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)

_____ FeLV (Feline Leukemia)

_____ Bordatella

_____ Rabies

Other Animal Vaccinations:

If the above categories are not applicable, please identify what vaccinations this animal has received:

- ❖ I verify the above mentioned animal has all current vaccinations as required.
- ❖ I verify that all the above vaccinations will remain current through one year.
- ❖ I verify the above mentioned animal has been given a stool sample test for internal parasites.
- ❖ I verify that the above animal is in general good health.

Veterinarian's Signature

Date