

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



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