

SAINT LOUIS UNIVERSITY EMOTIONAL SUPPORT ANIMAL VETERINARIAN VERIFICATION FORM

All official veterinarian records should be provided as an attachment to this document. *Please Note: The University may request additional information from the veterinarian or student as necessary.*

Veterinarian or Clinic Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

EMOTIONAL SUPPORT ANIMAL INFORMATION

Owner's Name: _____

ESA Name: _____

Type of Animal/Breed: _____

Weight of animal: _____ Age of animal: _____

Sex of Animal (circle one): FEMALE / MALE

Spayed/Neutered (if applicable): YES / NO Date of spay/neuter: _____

Please complete all that apply:

General Wellness Check Completed (for all ESAs) DATE RECEIVED: _____ 2018

Canine vaccinations:

-DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona) DATE RECEIVED: _____
-Bordatella DATE RECEIVED: _____
-Rabies (Please circle 1 or 3 year) DATE RECEIVED: _____

Feline vaccinations:

-FVRCP (Panleukopenia, Rhinotracheitis (Herpes), Calicivirus, Chlamydomphila) DATE RECEIVED: _____
-FeLV (Feline Leukemia) DATE RECEIVED: _____
-Rabies (Please circle 1 or 3 year) DATE RECEIVED: _____

I verify the above-mentioned animal has all current vaccinations as required. INITIAL: _____

I verify that all the above vaccinations will remain current through at least one year. INITIAL: _____

I verify the above-mentioned animal has been given a stool sample test for internal parasites. INITIAL: _____

I verify that the above animal is in general good health. INITIAL: _____

If this type of animal does not need any vaccinations based on the type of animal, please confirm that the animal is healthy and safe for dwelling in an on-campus, community environment. Circle One: YES / NO

VET SIGNATURE: _____

DATE OF SIGNATURE: _____