Veterinarian Verification Form

Please complete the following information:

Veterinarian’s Name and/or Clinic Name:

________________________________________________________________________

Address:

________________________________________________________________________

City, State, and Zip Code:

________________________________________________________________________

Phone Number and Fax:

________________________________________________________________________

Service/Emotional Support Animal Information:

Owner’s Name:______________________________________________________________

Service/Emotional Support Animal’s Name:__________________________ Animal Type:___________

Breed:__________________________________________________ Sex:_______________________

Spay/Neuter Date:________________________________________

Please check all that apply:

• Canine Vaccinations
  □ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)
  □ Bordatella
  □ Rabies

• Feline Vaccinations
  □ Bordatella
  □ Rabies
  □ FeLV (Feline Leukemia)
  □ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)

1. I verify that the above mentioned Service/Emotional Support Animal has all current vaccinations as required.

2. I verify that all of the above vaccinations will remain current through one year.

3. I verify that the above mentioned animal has been given a stool sample test for internal parasites.

4. I verify that the above animal is in general good health.
Veterinarian’s Signature: __________________________ Date: ______________________

If above veterinarian is not within 50 miles, please list the veterinarian who will care for the animal locally:

Veterinarian’s Name and/or Clinic Name: _____________________________________________

Address: _________________________________________________________________________

City, State, and Zip Code: __________________________________________________________

Phone Number and Fax: _____________________________________________________________

Please submit this form to:

Amy Slody
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One University Avenue, Suite 3059
Mechanicsburg, PA 17055
specialhousing@messiah.edu
Fax: 717-691-2304