



**DISABILITY
SUPPORT
SERVICES**

VETERINARIAN VERIFICATION FORM

The Loyola University Maryland student who has provided you this form requires the presence of a service animal or is requesting the ability to have an emotional support animal in their campus residence. This form is used to verify that the animal has been evaluated by a veterinarian recently, is in good health, and is up-to-date on all recommended vaccinations. The form is maintained in the student's file within Loyola's Disability Support Services (DSS). DSS requests that the student updates the form on a yearly basis.

VETERINARIAN INFORMATION

Veterinarian's Name and/or Clinic Name:

Address:

City, State, Zip:

Phone Number and Fax Number:

Veterinarian's License Number and Location Where License Issued:

ANIMAL INFORMATION

Animal owner's name:

Animal's name, type and breed:

Animal's age:

Animal's sex:

Animal's weight:

Spayed/Neutered (if applicable): YES NO



Last de-worming and/or other anti-parasitic treatment (if applicable):

This animal was last examined at my practice on:

At the time of this physical examination, the animal appeared to be free of infectious or contagious diseases that would endanger other animals or public health: YES NO

Please explain any concerns with the animal's health:

VACCINATION INFORMATION

Date rabies vaccine (if applicable):

Rabies vaccine valid through:

Dates of additional vaccines received:

Canine - Distemper, Parvovirus, Adenovirus:

Feline - Feline rhinotracheitis, calicivirus and panleukopenia

Vaccines not recommended/required for this type of animal: YES NO

SIGNATURE

I verify the above-mentioned animal is current on all recommended vaccinations and is in general good health.

Veterinarian Signature

Date: