

Veterinarian Verification Form for Emotional Support Animal Request

STUDENT INFORMATION (PLEASE PRINT)

Name (Last, First, Middle):		
ID Number:	Date:	_
Date of Birth (YYYY-MM-DD):		
Phone Number:		
McNeese Email Address:	@mcneese.edu	
VETERINARIAN INFORMATION <i>Print, sign, date and complete the fields bel</i>	ow.	
Veterinarian's/Clinic Name (Print):		
Address:		
Phone: Fax:		_
PROPOSED ESA INFORMATION		
Type of Animal:	Br	eed:
Name of Animal:	Age:	Weight:

Spayed or Neutered: YES | NO

Does the requested animal require vaccinations? YES | NO

If YES, please check all that apply:

Canine Vaccinations:

- DHLPP (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza)
- Bordetella
- Rabies

Feline Vaccinations:

- FVRCP
- Bordetella
- Rabies

Other: _____

STATEMENTS OF VERIFICATION

- I verify that the above mentioned emotional support animal has all current vaccinations as required.
- I verify that all 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 the above animal is in good health overall.
- I verify that the above mentioned animal does not have any preexisting health conditions that make it hazardous to other animals within the residential community.

Veterinarian Signature: _____ Date: _____

Veterinarian License Number and State:

Please complete this form in its entirety and submit it to: Accessibility Services McNeese State University Box 92904 Lake Charles, LA 70609 Fax: 337-475-5878 | Email: tdelaney@mcneese.edu

