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
Print, sign, date and complete the fields below.

Veterinarian's/Clinic Name (Print):
_____

Address: _____
_____
        _____

Phone: _____   Fax: _____

PROPOSED ESA INFORMATION

Type of Animal: _____ Breed: _____

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

MCNEESE
STATE UNIVERSITY