

# VETERINARIAN VERIFICATION FORM

Please complete the following information:

Veterinarian's Name and/or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone Number and Fax \_\_\_\_\_

## Service or Emotional Support Animal Information:

Owner's Name: \_\_\_\_\_

Service or Emotional Support Animal's Name, Animal Type and Breed: \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Please check all that apply:

### • Canine Vaccinations

- DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)
- Bordatella
- Rabies

### • Feline Vaccinations

- FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)
- FeLV (Feline Leukemia)
- Bordatella
- Rabies

- I verify the above mentioned Service or 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 general good health.

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_