

Veterinarian Verification Information

ESA Information to be completed by requesting student:

Owner's/UF Student's Name: _____

Animal's Name: _____

The following information is to be completed by the veterinarian of record for the requested

animal: Type of animal: ☐ Dog ☐ Cat ☐

Other _____

Is this animal microchipped: ☐ Yes ☐ No Animal's Approximate Weight? _____

Date of ESA's general well-check was completed: _____

Canine Vaccination Status

☐ **DHLPP + C** (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)

Initial vaccination date _____ Date of Revaccination _____

☐ **Bordetella**

Initial vaccination date _____ Date of Revaccination _____

☐ **Rabies** — Please indicate: ☐ 1 year ☐ 3 year

Initial vaccination date _____ Date of Revaccination _____

Feline Vaccination Status

☐ **FVRCP** (Panleukopenia, Rhinotracheitis (Herpes), Calicivirus, Chlamydophila)

Initial vaccination date _____ Date of Revaccination _____

☐ **FelV** (Feline Leukemia)

Initial vaccination date _____ Date of Revaccination _____

☐ **Rabies** — Please indicate: ☐ 1 year ☐ 3 year

Initial vaccination date _____ Date of Revaccination _____

Other ESA Animals

Please specify: _____

Veterinarian's name and/or Clinic Information: _____

Clinic address: _____

City, State, Zip Code: _____

Clinic Phone #: _____ Clinic Fax #: _____

Veterinarian Signature:

- I verify the above-mentioned animal has all current vaccinations as required.
- I verify that all the above vaccinations will remain current through at least one year.
- I verify the above-mentioned animal has been given a stool sample test for internal parasites.
- I verify the above-mentioned animal is free of fleas and ticks.
- I verify that the above animal is in general good health.

Veterinarian's Signature: _____ Date: _____

State License Number: _____

Type of License: _____

Return verification information to:

Office of Accommodation and Inclusion

Director of Accommodations & Academic Support Center Email: oai@findlay.edu

Phone Number: 419-434-5532 | Fax Number: 419-434-5748

Form Revised Spring 2025

Adapted from Miami University and Ohio Wesleyan University