

Messiah University – Office of Academic Accessibility

Veterinarian Verification Form

Please complete the following information:

Veterinarian's Name and/or Clinic Name:

Address:

City, State, and Zip Code:

Phone Number and Fax:

Service/Emotional Support Animal Information:

Owner's Name: _____

Service/Emotional Support Animal's Name: _____ Animal Type: _____

Breed: _____ Sex: _____

Spay/Neuter Date: _____

Please check all that apply:

• Canine Vaccinations

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

☐ Bordatella

☐ Rabies

• Feline Vaccinations

☐ Bordatella

☐ Rabies

☐ FeLV (Feline Leukemia)

☐ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)

1. I verify that the above mentioned Service/Emotional Support Animal has all current vaccinations as required.
2. I verify that all of the above vaccinations will remain current through one year.
3. I verify that the above mentioned animal has been given a stool sample test for internal parasites.
4. I verify that the above animal is in general good health.

Veterinarian's Signature:

Date: _____

If above veterinarian is not within 50 miles, please list the veterinarian who will care for the animal locally:

Veterinarian's Name and/or Clinic Name:

Address:

City, State, and Zip Code:

Phone Number and Fax:

Please submit this form to:

Amy Slody
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Mechanicsburg, PA 17055

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Fax: 717-691-2304