

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: _____

Vaccine Completion: Under the initial vaccination date enter the most recent vaccination date. For date of revaccination, please enter when the vaccine will expire.

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, Chlamydia)

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: _____

Return verification information to:

Office of Accessibility

Email: access@findlay.edu

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

Form Revised Spring 2025

Adapted from Miami University and Ohio Wesleyan University