



Florida A&M University
Emotional Support Animal Veterinarian Verification Form

Veterinarian Name and/or Clinic Name: _____

Address: _____

Phone Number: _____

Owner/ Student Name: _____ Animal's Name: _____

Type of Animal: _____ Breed: _____

Color: _____ Age: _____ Size/Weight: _____ Sex of Animal: _____

Date of last de-worming and/or other prophylactic anti-parasitic treatment(s): _____

Please complete all that apply:

Canine / Feline Vaccinations:

- Date of Rabies Vaccine Shot: _____ Rabies Vaccine Renewal Due Date: _____

Other Species Vaccinations:

- Date of Rabies Vaccine Shot: _____ Rabies Vaccine Renewal Due Date: _____

Please specify species and rate of vaccination: _____

By signing this document:

- I verify that this animal has all current vaccinations as required.
- I verify that this animal has been treated and/or examined and found to be free of flea or other pest infestation.
- I verify that the above mentioned animal is in general good health and does not pose a direct threat to the health or safety of others.
- I verify that this animal presents no health risk from any zoonotic diseases (if applicable).

Veterinarian's Name (print legible): _____

Veterinarian's Signature: _____ Date: _____

Address: _____ Phone Number: _____