



VETERINARY FORM - SERVICE/SUPPORT ANIMAL

Student Name	
Veterinarian Name	
Clinic Name	
Address	
Phone Number	
Animal Name	
Species	
Sex	
Colour/Description	
Registration information	
Spayed/neutered	Yes/Not Applicable to the species
Flea/tick treatment	Yes/Not Applicable to the species
Health information, care instructions or other information	
Required follow up care	

Vaccinations	Date Administered	Expiration Date

I certify that this Service/Support Animal has received all required vaccinations for an animal of this age and species. I believe this animal to be in good health and appropriate for Service/Support Animal duties in a College Campus and/or Residence setting.

Veterinarian Name

Registration Number

Signature

Date