

Student Name	
Veterinarian Name	
Clinic Name	
Address	
Phone Number	
Animal Name	
Species	
Sex	
Weight	
Colour/Description	
Length of ownership	
Registration information	
Spayed/neutered	Yes/Not Applicable to the species
Flea/tick treatment	Yes/Not Applicable to the species
Does the animal have adequate housing and sufficient space appropriate for its size and species?	Yes/Not Applicable to the species
Is the animal provided with proper nutrition and access to clean drinking water?	Yes/Not Applicable to the species
Is the living environment well-ventilated and maintained with proper sanitation?	Yes/Not Applicable to the species
Does the environment allow the animal to express natural behaviors (e.g., exercise, play, rest)?	Yes/Not Applicable to the species
Please indicate any health information, care instructions or other information:	

Please specify any required follow up care:	
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Vaccinations	Date Administered	Expiration Date

I certify that this 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 animal duties in a college and/or residence setting.

Veterinarian Name

Registration Number

Signature

Date