

ACCESSIBLE EDUCATION SERVICES

VETERINARY HEALTH VERIFICATION FOR CAMPUS HOUSING

Veterinarian's Full Name: _____

Professional Title and Credentials: _____

Veterinary License Number: _____

State of Licensure: _____

Name of Veterinary Clinic or Practice: _____

Practice Address: _____

Phone Number for the Clinic: _____

1. Owner Information:

Name of owner/handler: _____

2. Animal Description:

Species: _____

Breed (if applicable): _____

Age: _____

Sex: _____

Color/identifying features:

3. General Health and Zoonotic Risk

I certify that I am a licensed veterinarian and that I have personally examined the animal identified above. Based on my examination, I confirm the following:

- The animal is in good overall health at the time of the examination.
- The animal does not exhibit signs of illness, external or internal parasites, zoonotic disease, or any other communicable condition.
- In my professional judgment, the animal does not pose a public health or safety risk in a communal residential environment, such as a university housing setting.

Date of examination: _____

☐ I affirm the above statements to be true based on my clinical assessment.

☐ I am unable to affirm the above statements.

Comments (if applicable):

4. Rabies Vaccination

Is the animal required to be vaccinated for rabies based on its species and public health guidelines?

☐ Yes ☐ No ☐ Not Applicable (species is not typically vaccinated for rabies)

If yes, please provide the date of the most recent rabies vaccination: _____

5. Special Housing or Equipment Needs

Does the animal require any special housing, temperature regulation (e.g., heating elements), lighting, or environmental controls to support its health and well-being?

☐ Yes ☐ No

If yes, please describe the specific needs and the equipment required:

6. Parasite Prevention and Control

I certify that, if applicable to the animal, I have educated the owner/handler regarding proper flea and tick prevention and control.

☐ Yes ☐ No

If no, please explain or describe any relevant concerns or recommendations:

Signature

Veterinarian Name Printed

Date:_____