

UL Lafayette
Office of University Housing
Emotional Support Animal or Service Animal
Veterinarian Verification Form

Please complete the following information:

Veterinarian's Name and/or Clinic Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number and Fax Number: _____

Animal's Information:

Owner's name: _____

Animal's name: _____

Animal Type and Breed: _____

Sex: _____ Spayed/Neutered: _____

Please check all that apply:

Vaccinations:

Dog:

- DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)
- Bordetella
- Rabies

Cat:

- Rabies
- RVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia)

Other:

- _____
- _____
- _____

I verify the above mentioned animal has all current vaccinations as required by the City of Lafayette and State Law. I verify that all the above vaccinations are and will remain current through one year or as instructed by veterinarian.

I verify that the above mentioned animal has been given a stool sample test for internal parasites and that the stool sample was found to be negative for parasites known or suspected of infecting humans, including roundworms, whipworms, hookworms, tapeworms, and Giardia sp; or that the animal has been appropriately treated for these parasites. I further verify that the above mentioned animal has been treated and/or examined and found to be free of flea infestation.

I verify the above animal is in general good health.

Veterinarian Signature: _____ Date: _____