

Veterinarian Information

To be completed by student:

I request that the following information from my Veterinarian be used for my Emotional Support Animal application. I understand that the following information will be shared with Shepherd University's office of Accessibility Services and Residence Life as appropriate in order to review my Emotional Support Animal application. I give my consent for the office of Accessibility Services to contact my Veterinarian for any additional information needed for my application.

I understand that the approval/denial of my Emotional Support Animal application is not solely dependent on the information provided on this form. However, this information is required to be submitted to the office of Accessibility Services for my application to be considered complete.

Student Signature

Date

Student Name (Printed)

Student ID#

To be completed by Veterinarian:

The student is requesting their animal be utilized as an Emotional Support Animal. By completing the following application, you are agreeing that this animal is under your care. This request for documentation follows the Fair Housing Act. If you have any additional questions about the following application, please feel free to contact the office of Accessibility Services at Shepherd University.

Animal Name: _____ Breed: _____

Sex: _____ Age: _____

Is the above stated animal currently up to date on their vaccines?

- Yes
- No

Is the above stated animal currently up to date on their flea/tick treatments?

- Yes
- No

Rabies Vaccine (cats & dogs): Date Given: _____ Due Date: _____

Please list the name(s) and date(s) of any additional vaccination/treatments that will be required in the next 12 months:

Do you believe that this animal would be suited to live in a Residential Hall/Apartment/Other campus living space?

- Yes
 No

Do you have any concerns about this animal?

Do you have any additional comments about this animal?

Veterinarian Name:

Agency/Clinic Name:

Address:

Phone Number:

Email:

Veterinarian Signature:

Date:

Office of Accessibility Services

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