

MSUM Accessibility Resources

Emotional Support Animal

Veterinary Verification Form

PLEASE COMPLETE THE FOLLOWING INFORMATION:
(Please type or print legibly)

Owner/Student Name: _____

MSUM Student ID Number: _____

EMOTIONAL SUPPORT ANIMAL INFORMATION:

Veterinarian Name and/or Clinic Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____

Animal's Name: _____

Type of Animal: _____

Breed: _____

Color: _____

Age: _____

Size of Animal (in pounds): _____

Sex of Animal: Male Female

Spayed/Neutered (Circle Response): YES NO

Microchipped (Circle Response): YES NO

Last De-Worming and/or other prophylactic anti-parasitic treatment(s): _____

Please check all that apply:

Canine Vaccinations:

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

Renewal Due Date: _____

Bordatella Renewal Due Date: _____

Rabies Renewal Due Date: _____

Feline Vaccinations:

- FVRCP (Panleukopenia, Rhontracheitis, Calicivirus, Chlamydia) Renewal Due Date: _____
- FeLV (Feline Leukemia) Renewal Due Date: _____
- Rabies Renewal Due Date: _____

Other (please specify): _____

By signing this document, I verify that the above-mentioned animal has all current vaccinations as required, and all the above vaccinations will remain current through one year. **I verify that the above-mentioned animal is in general good health and does not pose a direct threat to the health or safety of others.**

Veterinarian's Signature: _____

Date: _____

State License Number or Professional Certification Information: _____

Please complete this ESA Veterinary Verification Form and return to:

Chuck Eade
Minnesota State University Moorhead
1308 9th Ave South
Moorhead, MN 56563
FAX: (218) 477-4366
Email: Charles.Eade@mnstate.edu