

Verification of Comfort Animal Vaccination/Health Information

The following information regarding your comfort animal must be submitted to the ODA with your original request for a comfort animal in order to verify the health and appropriateness of the comfort animal you are requesting. This information will be shared with the Office of Housing and Residential Life. The comfort animal itself must be approved before it moves into on-campus housing.

- 1) **Initial Annual Verification of Vaccination/Animal Health Form** – to be completed only by licensed Veterinarian and submitted to the ODA
- 2) Each year, the following **MUST** be submitted to the Department of Housing and Residence Life
 - a. Annual Verification of Vaccination/Animal Health Form – to be completed only by licensed Veterinarian
 - b. Current color picture of animal

NOTE: Your comfort animal's vaccination and health status will have to be verified annually. You will be required to update and submit documents listed above to the Office of Housing and Residential Life each August at least 14 days before the animal moves into on-campus housing. Your comfort animal will not be allowed back on campus until these documents have been submitted and you receive confirmation from the Office of Housing and Residential Life to move your comfort animal in.

It is an expectation of the ODA and the Office of Housing and Residential Life that you will review and abide by university policy as outlined in Chapter 16, Section 002, Office of Disability Accommodation guidelines, and Office of Housing and Residence Life policies, procedures, and community standards.

Please refer to the Office of Housing and Residence Life website or staff for information regarding their policies, procedures, and community standards.



Annual Verification of Vaccination/Animal Health Form

Section 1: (To be completed by student)

First Name: _____ MI: _____

Last: _____ Student ID#: _____

Phone: _____ Email: _____

Section 2 (To be completed only by licensed Veterinarian)

Species/Breed of animal: _____ Age in years: _____

Date you last examined this animal: _____

When was this animal last vaccinated or determined to be in good health? * _____

* Please attach vaccination certificate/shot records or health records (if vaccination not required due to species)

- In your opinion, is this animal healthy? Yes ___ No ___
- Does the animal have fleas, ticks, other parasites? Yes ___ No ___
- Would animal function well enclosed in a college dorm room for long periods of time? Yes ___ No ___
- Have you been made aware or have record of animal's potential to bite or harm others? Yes ___ No ___
- Does the animal have rabies or any other condition that could harm humans? Yes ___ No ___

Please verify any training (formal or informal) that you are aware of which qualifies this animal to be classified as a comfort animal.

Is there anything else you would like us to know about this animal? Or if you indicated yes to animal's potential to bite or harm others, please explain.

Veterinarian Information

Provider Name (Print): _____

Title and License #: _____

Name of Practice/Company: _____

Address: _____

Phone: _____ FAX: _____

Signature of Veterinarian _____ Date: _____