



Disability Services | Phone Contact: 201-761-7360
2641 John F. Kennedy Boulevard, Jersey City, NJ 07306 EMAIL: accommodations@saintpeters.edu

Veterinarian Verification Form

Purpose: The student named below has indicated a need to have a support/assistance animal on campus. Disability Services is requesting that your office, as the animal's treating Veterinarian, provide the information below.

Student Information:

Student's First Name: _____

Student's Last Name: _____

Student's Spirit ID: _____

****The remainder of this document must be completed by a licensed Veterinarian and accompanied by a stamp or blank prescription identifying the credentialed Veterinarian who is providing the information. ****

All of the requested information is required.

Support/Assistance Animal Owner's Information:

Owner's First Name: _____

Owner's Last Name: _____

Support/Assistance Animal Information:

Animal Name: _____

Animal Type: _____

Animal Age: _____

Animal Breed: _____

Animal Gender: _____

Animal Weight: _____

Animal License #: _____

Support/Assistance Animal Photo:

Please attach a photo of the support assistance animal.



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Is the Animal currently under your care: Yes No

If Yes, for how long? _____

This animal was last examined at my practice on: _____

Has the animal been Spayed/Neutered? Yes No

Date of last de-worming and/or other anti-parasitic treatment (if applicable): _____

At the time of this physical examination, the animal appeared to be free of infectious or contagious diseases that would endanger other animals or public health: Yes No

Has the Support / Assistance Animal ever bitten or shown aggression toward people?

Yes - Please explain below. No

Our campus housing offers a variety of room sizes, with some as small as 100 sq. ft. Depending on the student's assignment, the animal may be placed in any of these spaces, either with or without roommates. Based on your assessment of the animal and its caretaker, do you believe the requested animal can live in this on-campus environment without negatively impacting its health or well-being?

Yes - I feel the requested animal will successfully be able to live in a residence hall environment.

No - Please provide more information.

Does the animal have all the Veterinary recommended vaccinations required to maintain the Service or Assistance Animal's health and prevent contagious disease? Please select the appropriate box below:

Yes No

A **complete** veterinarian medical record of the support/assistance animal listing all vaccinations, including dates and type of vaccination, must be attached to this form. The records must be on the veterinarian's office medical record form/stationery.

Please attach the animal vaccination record indicating that the Service or Assistance Animal has all the Veterinary recommended vaccinations. Finally, please provide the following information about the office completing this information request:



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Information on Veterinarian Office completing this form:

Provider Full Name: _____
License Number: _____
Professional Title: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____
E-mail Address: _____

Provider Signature: _____

Date of Form Completion: _____

Please attach a blank prescription form and/or office stamp for authentication:

Veterinarian Provider and Student: To initiate the process, Saint Peter's University Disability Services **requires proper documentation, an authentic script, or an official stamp from the veterinarian.** If these requirements are not fulfilled, services cannot be provided to the student. If you have any questions, please contact us at (201)761-7360 or accommodations@saintpeters.edu.

Please return this form to: accommodations@saintpeters.edu or

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