



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.



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:



Saint Peter's
UNIVERSITY

Disability Services | Phone Contact: 201-761-7360

2641 John F. Kennedy Boulevard, Jersey City, NJ 07306 EMAIL: accommodations@saintpeters.edu

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

Dean of Students: Disability Services
Saint Peter's University
2641 John F. Kennedy Boulevard
Jersey City, NJ 07306