

Name of Student: _____

Name of Animal: _____

Date: _____

Emotional Support Animal Veterinary Documentation

For a student to be granted the ability to have an emotional support animal at Briar Cliff University, they must submit this completed form filled out by a licensed veterinarian.

Is this animal in good physical health?

Yes

No

Please list any medical concerns.

Please list any vaccines this animal has received with their expiration dates. (The animal is required to have a current rabies vaccine. Please attach the certificate of vaccination to this document.)

Date of Spay/Neuter:

In your opinion, would this animal be a good emotional support animal?

Yes

No

If no, please explain:

Veterinarian's Signature: _____ Date: _____

Printed Name: _____

Name and Address of Facility: _____

Submit the completed form in the Emotional Support Animal Application.