Appendix I: Veterinarian Verification Form

To the Student: Your current veterinarian must complete this form. St. John’s University reserves the right to request additional documentation or to contact the veterinarian for additional information. Please sign in the box below authorizing your veterinarian to release information to St. John’s University.

I, ________________________________________________, authorize my veterinarian, ____________________________, to release to St. John’s University information about my animal in support of my request for a reasonable accommodation.

Signature: _________________________________________

Date: _________________

To the Veterinarian: The individual identified above is seeking an accommodation from St. John’s University that would result in the animal residing with the student in a University residence hall and/or apartment. To evaluate this request, we need information about the animal. Please answer the questions below. You may provide supplemental information on official office letterhead. We also may contact you directly for supplemental information to make a determination. Thank you for your assistance.

Animal Information

Is the Animal currently under your care:  Yes    No    If Yes, for how long? _________________

When did you last see the Animal/Patient? _____/_____/_______

Animal Type: _________________________________________________________________________

Animal Breed: _________________________________________________________________________

Animal Weight and Height: ____________________________________________________________

Hair Color and Length (If Applicable): ___________________________________________________

Additional Physical Description:
________________________________________________________________________________
________________________________________________________________________________

Animal Name (If Applicable): ___________________________________________________________
Animal Information (Cont’d)

Rabies Tag # (If Applicable): ____________________________________________________________

Most Recent Rabies Vaccination Date: ___________________________________________________
(Record Must Be Attached)

Spayed or Neutered Date: ______________________________________________________________
(Record Must Be Attached)

Certificate of Health Date: _____________________________________________________________
(Record Must Be Attached)

Please answer the following questions:

Is the animal in good health? ____________________________________________________________________________

YES        NO

Is the animal aggressive/dangerous? ____________________________________________________________________________

YES        NO

Does the animal have a history of aggression towards people? YES NO

Is the animal house broken? ____________________________________________________________________________

YES        NO

Is housebreaking required? ____________________________________________________________________________

YES        NO

Does this animal have all vaccinations and undergone all procedures required by applicable law? YES NO

What equipment or services are required for the ownership, safety and well-being of the animal?
________________________________________________________________________________________________________

________________________________________________________________________________________________________

Veterinarian Contact Information

Veterinarian Name (Print): ______________________________________________________________

Phone: _____________________________         Address: ______________________________________

Fax: _______________________________        _____________________________________________

Veterinarian License # & State: __________________________________________________________

Veterinarian Signature: ____________________________        Date: ______________________

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED IN THEIR ENTIRETY