



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, _____
(Print Student's Name)
_____, 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