

VETERINARY HEALTH FORM IN SUPPORT OF
APPLICATION FOR EMOTIONAL SUPPORT ANIMAL IN UCI HOUSING

Must be completed by a licensed veterinarian

Owner name (print):

Animal name (print):

Animal species:

Defining size characteristics (i.e. height and weight for a dog):

The animal described above was last examined by me on (date and year):

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

The animal is current as of the date of this form for the rabies vaccination:

Date given:

Date valid through:

The animal is also current as of the date of this form for the following vaccinations:

Name of Vaccine:

Date given:

Date valid through:

Name of Vaccine:

Date given:

Date valid through:

Name of Vaccine:

Date given:

Date valid through:

The animal's owner has represented to me that (select one):

The animal has not bitten, scratched or otherwise injured or attacked any person

The animal has bitten, scratched or otherwise injured or attacked a person. The situation leading to the bite, scratch or injury was described as follows:

Veterinarian's license number:

License date of expiration:

State or other jurisdiction in which license was issued:

Veterinarian's full name (print):

Business phone contact:

Business email contact:

Signature:

Date: