# Veterinarian Verification Form for an On Campus Animal

**Purpose:** The student named below has indicated a need to have a support/assistance animal on the Kean University Campus. The Office of Accessibility 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:  |  |

**\*\*The remainder of this document must be completed by a licensed Veterinarian and accompanied by a prescription blank 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 License #  |  |
|  |  |

## Support/Assistance Animal Photo:

Please attach a photo of the support assistance animal.

Has the animal been Spayed/Neutered? Place an X in the appropriate box below:

 [ ]  Yes [ ]  No

Has the Support / Assistance Animal ever bitten or shown aggression toward people?

|  |
| --- |
|  |
|  |
|  |
|  |

Does the animal have all Veterinary recommended vaccinations required to maintain the Service or Assistance Animal’s health and prevent contagious disease? Place an X in 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 office medical record form/stationary.

**Please attach the animal vaccination record indicating that the Service or Assistance Animal has all Veterinary recommended vaccinations.**

**Finally, please provide the following information about the office completing this information request:**

## **Information on Veterinarian Office completing this form:**

Role of the individual completing this form (check all that apply).

|  |  |
| --- | --- |
| 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: Click or tap to enter a date.

**Please attach a blank prescription form and / or office stamp for authentication.**

**VETERINARIAN PROVIDER AND STUDENT - Unless proper documentation and AUTHENTIC SCRIPT OR OFFICE STAMP is provided, the Kean University Office of Accessibility Services cannot implement services for this student. Please contact us with any questions at (908) 737-4910 or** **accessibilityservices@kean.edu**

**Please return this form to:** **accessibilityservices@kean.edu**  **or**

**Office of Accessibility Services**

**Kean University,**

**Downs Hall Room 122**

**1000 Morris Avenue,**

**Union, NJ 07083**