

BRYN ATHYN COLLEGE

Service or Assistance Animal Veterinarian Verification Form

Veterinarian's Name and/or Clinic Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

ANIMAL'S INFORMATION

Owner's Name _____ Animal's Name _____

Animal Type and Breed _____ Sex _____ Spayed/Neutered _____

Vaccinations: *Please check all that apply*

Dog

- DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)
- Bordetella
- Rabies

Cat

- Rabies
- FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia)

Other _____

VETERINARIAN SIGNATURE:

I verify the above-mentioned animal has all current vaccinations as required by the Borough of Bryn Athyn/ Montgomery County and the Commonwealth of Pennsylvania.

I verify that all the above vaccinations will remain current through one year from the date of my signature, or if less than one year, as I have indicated above.

I verify that the above-mentioned animal has been given a stool sample test for internal parasites and that the stool sample was found to be negative for parasites known or suspected of infecting humans, including roundworms, whipworms, hookworms, tapeworms, and Giardia sp; or that the animal has been appropriately treated for these parasites and poses no health danger to humans. I further verify that the above-mentioned animal has been treated and/or examined and found to be free of flea infestation.

I verify that the above animal is in general good health.

(VETERINARIAN SIGNATURE)

(SIGNATURE DATE)

QUESTIONS SHOULD BE DIRECTED TO
Dean of Students, Office of Disability Resources
267-502-2482
Suzanne.Nelson@brynathyn.edu