



Office of Accessibility Resources

Emotional Support Animal Certification of Veterinary Care

Student's Name: _____

Animal's Name: _____ Type of Animal: _____

Breed: _____ Colorings/Markings: _____

Age: _____ Weight: _____ Sex: _____ Spay/Neuter: ____ (yes) ____ (No)

License # (if applicable) _____ (Shippensburg University requires renewal each year).

____ Vaccination verified. Please provide a printout of the animal's vaccination record.

____ Veterinarian check-up verified. Date of check-up: _____

Veterinary Care Provider Information:

Provider Name: _____

Credentials/Licensing: _____

Provider Practice Name and Address:

Office Phone Number: (____) _____ - _____

Office Email: _____

Provider Signature: _____

Date: _____

Notes: