LMU

Lincoln Memorial University

EMOTIONAL SUPPORT ANIMAL
VETERINARIAN VERFICIATION

Student Name:	
Name of Animal:	

To Veterinarian:
The above-named student has requested permission to allow the above-named emotional support animal to live with the student in campus housing. Per LMU policy, the animal must meet certain qualifying conditions to be approved to live in campus housing. Please complete the required information and verify whether the animal meets the required qualifying conditions.

I. VETERINARIAN INFORMATION:

Vet Name:		License Number:	
Business Name:		Business Address:	
Business Phone:		Business Fax:	

II. ANIMAL STATISTICAL INFORMATION:

Animal's Species:		Animal's Breed:	
Animal's Sex:	M ☐ F ☐	Animal's Approximate Age:	Under 1 year ☐ Over 1 year ☐
Animal's Color:		Animal's Weight:	

III. VERIFICATION OF QUALIFYING CONDITIONS
Please answer yes or no to the following questions about the above-named animal.

1) Is the animal at least one (1) year old?	Y ☐ N ☐
2) Has the animal been spayed/neutered?	Y ☐ N ☐
3) Is the animal current on all required vaccinations? ****A copy of the animal's vaccination record MUST accompany this form.***	Y ☐ N ☐
4) Is the animal in general good health?	Y ☐ N ☐
5) Is the animal free of flea/tick/heartworm infestation?	Y ☐ N ☐
6) Is the animal on preventative flea/tick/heartworm medicine, or does the animal have a flea/tick collar?	Y ☐ N ☐
7) Is the animal negative for internal parasites, or has the animal been appropriately treated for internal parasites?	Y ☐ N ☐
8) Does the animal have a demeanor and disposition conducive to living in community housing?	Y ☐ N ☐

By my signature below, I verify that the above information is true and accurate as of the date signed below.

_____ _____

Veterinarian Signature **Date**