

ESA Veterinarian Verification Form

Please complete the following information:

Veterinarian's Name and/or Clinic Information:

Address:

Phone and Email:

Animal's Information:

Owner's Name:

Animal's Name:

Animal Type and Breed:

Age of Animal:

Weight of Animal:

Sex: Male Female

Spayed/Neutered: Yes No

Please check all that apply:

General Well Check Completed

Canine vaccinations:

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

Bordatella

Rabies (Please indicate 1 or 3 year) One Year Three Year

Feline vaccinations:

FVRCP (Panleukopenia, Rhinotracheitis (Herpes), Calicivirus, Chlamydomphila)

FeLV (Feline Leukemia)

Rabies (Please indicate 1 or 3 year) One year Three year

I verify the above-mentioned animal has all current vaccinations as required.

I verify that all the above vaccinations will remain current through at least one year.

I verify the above-mentioned animal has been given a stool sample test for internal parasites.

I verify that the above animal is in good health.

Veterinarian Signature:

Date:

***All required county licenses must be up to date and submitted with this form by resident.**