Westminster College

Request Form for Service Animal and Emotional Support Animal Accommodations

Licensed Veterinarian Section for Emotional Support Animals

(To be completed by a Licensed Veterinarian who is a reliable third party and is familiar with and can attest to the records of the animal listed in the request)

Student's Name : _____ Animal's Name : _____

Today's Date : _____ Semester the request is for (semester/year): _____

1) Does the animal listed above have a current rabies vaccination?
   YES NO

2) Has the animal listed above ever bitten or attacked a person or animal?
   YES NO

3) Please briefly describe the animal's temperament and general behavior.

   _____

   _____

4) Does the animal listed above pose any health or safety concerns for other people and/or animals?
   YES NO

5) Please explain the justification to Question #4.

   _____

   _____

Licensed Veterinarian

Printed Name: _____ License Number: _____

Signature: _____ Date: _____

Title: _____ Organization: _____

Address: _____

Telephone Number: _____ Fax Number: _____