

Veterinarian Questionnaire

To be completed by the student:

Student Name: _____ Student ID #: _____

I request that the following information from my veterinarian be used as documentation of my request for a housing accommodation. I understand that this documentation may be reviewed by and discussed with members of the WVU Housing Review Committee as appropriate.

Furthermore, I give my consent for any member of the WVU Office of Accessibility Services to contact my Veterinarian for additional information as needed.

Student Signature: _____ Date: _____

To be completed by the Veterinarian:

The student is requesting that this animal: _____, that is under your care be utilized as an Emotional Support Animal. This request for documentation is in compliance with the Fair Housing Act.

****Approval/Denial is NOT solely based on answers provided on this form.**

Animal Name: _____ Breed: _____

Sex: Male Female Age: _____

1. Is the above mentioned animal up to date on:
 - a. All vaccines? Yes No
 - b. Flea/Tick Treatments? Yes No
2. What is the date of any upcoming vaccines needed within the next 12-month period?

3. Is the animal suited for residential hall/apartment/campus life? Yes No
4. Does this animal have the temperament to tolerate a campus environment?
 Yes No
5. Last wellness check date: _____
6. Is this animal in good health? Yes No
7. Do you have any concerns with this animal or any additional comments?

When submitting this form, please also include a copy of the animal's last well check.

Provider: _____

Address: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____