



Veterinary Health Form

This form is to be completed by a licensed Veterinarian.

Lewis University Student Information:

First Name: _____ Last Name: _____

Provider Information:

Name: _____ License or Certification Number: _____

Clinic: _____ Clinic Phone Number: _____

Instructions for Veterinarian:

In order to determine whether an assistance animal is appropriate for residence life, Lewis University requires documentation from a licensed veterinarian. The provider completing this form cannot be a relative of the student. The provider may also attach a report providing additional related information. Name, signature, and professional credentials are required.

Animal Information:

Animal Breed/Type: _____ Size/Weight: _____

Veterinarian, please confirm the following:

At the time of this exam, the animal is free of infectious or contagious diseases that could endanger other animals or students living on campus.

At the time of this exam, the animal is free of pests.

The animal is /is scheduled to be spayed/neutered (if applicable).

This animal is capable of tolerating the living environment of the Lewis University residence halls, including the small room size.

The handler has not indicated the animal biting, injuring or attacking another person or animal.

At the time of this exam, the animal is up-to-date on its vaccinations (if applicable).

Expiration date:

I certify, by my signature below, that I conducted or formally supervised and co-signed the assessment of the student's assistance animal listed above.

Signature

Date

Please return this form to:

Lewis University, Learning Access Coordinator, Unit 270

One University Parkway, Romeoville, Illinois 60446

Phone: 815-836-5593

Fax: 815-834-6614

Email: LearningAccess@lewisu.edu