

**Assistance or Service Animal  
Veterinarian Verification Form**

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Please complete the following information:

Veterinarian's Name and/or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone Number & Fax \_\_\_\_\_

**Animal's Information:**

Owner's Name: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Animal Type and Breed: \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered  Yes  No Date: \_\_\_\_\_

Please check all that apply:

• Vaccinations:

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

Bordetella

Rabies Cat:

Rabies

FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia)

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I verify the above mentioned animal has all current vaccinations as required by the City of Springfield and Missouri State Law.

I verify that all the above vaccinations are and will remain current through one year or as instructed by veterinarian.

I verify that the above mentioned animal has been given a stool sample test for internal parasites and that the stool sample was found to be negative for parasites known or suspected of infecting humans, including roundworms, whipworms, hookworms, tapeworms, and *Giardia* sp; or that the animal has been appropriately treated for these parasites. I further verify that the above mentioned animal has been treated and/or examined and found to be free of flea infestation.

I verify that the above animal is in general good health.

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_