

Assistance or Service Animal Veterinarian Verification Form

(Page 1 of 2)

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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(Page 2 of 2)

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 _____