ST MARY'S COLLEGE of MARYLAND
The National Public Honors College

Office of Accessibility Services
47645 College Drive
St. Mary's City, MD 20686

www.smcm.edu
TEL: 240-895-2250
FAX: 240-895-2234

Veterinarian Verification Form

This form must be submitted annually. Please have your veterinarian complete this form.

Provider Information

Veterinarian's Name: _____

Clinic Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Animal Information

Owner's Name: _____

Animal's Name: _____

Animal Type and Breed: _____

Sex: Male _____ Female _____

Spayed/Neutered (date): _____***Required**

Vaccinations

All vaccinations designated as required must be administered and current for one calendar year. Please initial and date all current vaccines.

Canine Vaccinations

Required Vaccines

DHLPP (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza)_____

Bordetella _____

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Rabies _____

Recommended Vaccines

Corona _____

Other _____

☐ The student has been informed of the risks involved in not providing the above recommended vaccines.

Feline vaccinations

Required Vaccines

FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus) _____

Bordetella _____

Rabies _____

Recommended Vaccines

Chlamydia _____

FeLV (Feline Leukemia) _____

Other _____

☐ The student has been informed of the risks involved in not providing the above recommended vaccines.

Signature and Acknowledgement

I verify the above-mentioned animal has all required vaccinations and that they will be current for one year. I verify that the above animal is in general good health.

Veterinarian Signature: _____

Date: _____

Veterinarian License: _____