

Comfort Animal Paperwork

Purpose:

Below outlines the necessary paperwork that needs to be submitted to Residence Life. This can be done so in person or over email. The forms have been broken down to outline how often these forms need to be submitted. The Office of Accessibility Services is only involved in the approval of a comfort animal and the distribution of approval letters each semester. Questions and issues beyond the approval process should be referred to the Office of Residence Life.

Campus Location:

Glendening Hall 150

Phone number:

240-895-4207

One-time paperwork:

Animal Registration

Annual paperwork:

Veterinarian Verification Form

Annual OR when changes are made:

Roommate Agreement

Please note: this needs to be filled out anytime you move or if someone new moves into a space with you, this includes townhouses, apartments and suites.

VETERINARIAN VERIFICATION FORM

This form must be submitted annually. Veterinarian completes the following information

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): _____

Please check and date all vaccinations that are current and apply

Canine Vaccinations

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

Bordetella _____

Rabies _____

Other: _____

Feline Vaccinations

FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia) _____

FeLV (Feline Leukemia) _____

Bordetella _____

Rabies _____

Other: _____

Small mammal/reptile/etc. Vaccinations

Please list:

If this animal does not need vaccinations, please explain:

Signature and Acknowledgement

- I verify the above-mentioned animal has all current vaccinations as required.
- I verify that all the above vaccinations will remain current through one year.
- I verify that the above-mentioned animal has been given a stool sample test for internal parasites.
- I verify that the above animal is in general good health.

Veterinarian Signature: _____

Date: _____

Veterinarian License: _____