

Student Accessibility Services Service

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a direct threat to the health and safety of ot

Fax Number: _____

SERVICE ANIMAL INFORMATION:

Owner/Student Name: _____ v] u o [• E u W _____

Breed: _____ Color: _____

Age: _____ Size of Animal (in pounds): _____

Sex of Animal Male Female Spayed/Neutered: Ye• No

Last deworming and/or other prophylactic and parasitic treatment(s): _____

Rabies/vaccination Date: _____ Vaccination Expiration Date: _____

I verify that the above mentioned animal is in general good health and does not pose a direct threat to the health or safety of others.

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State License Number or Professional Certification Information:

Please complete this Service Animal/Veterinarian Verification Form and return it to:

Florida Atlantic University
Student Accessibility Services (SAS)
777 Glades Road
SU 80 Room 133
Boca Raton, FL 33431