AURORA UNIVERSITY

Student Name: _____
AU ID#: _____

Emotional Support Animal (ESA) Veterinary Health and Safety Verification Form

This form verifies the health, vaccination status, and safety of the ESA for a communal campus environment. It must be completed by a non-relative Veterinarian who has evaluated the animal.

Animal Name: _____ Sex: (M) _____ (F) _____

Species (dog, cat, etc.): _____ Weight: _____

Breed: _____ Color: _____

Please attach a photo of the animal and all relevant vaccination records:

Cats Only:

Vaccination	Date
Rabies (Required)	
Spay/Neuter (Generally Required)	
Calici Virus	
Chlamydia	
Feline Viral Rhinotracheitis	
Panleukopenia	

Dogs Only

Vaccination	Date
Rabies (Required)	
Spay/Neuter (Generally Required)	
Adenovirus	
Distemper	
Heartworm	
Kennel Cough	
Leptospirosis	
Parainfluenza	
Parovirus	

Veterinary Confirmation

☐ I have evaluated the above animal and confirm it is in good health and is safe for a communal campus or living environment, and I have spoken with the student about the care of their animal.

Printed Name and Title: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

Veterinary License Number: _____ Date of Most Recent Exam: _____

Please send completed form to:

Aurora University, Disability Resources Office
347 S. Gladstone Avenue, Aurora, IL 60506
Fax: (630) 844-5782
Email: disabilityresources@aurora.edu

Date received by DRO: _____