

**Hamilton College
Accessibility Resources Office
ESA Veterinary Health Form**

Student Name: _____

Animal Name: _____ Age: _____

Animal Type: _____

Animal Breed: _____

Animal Weight: _____ Height: _____

Veterinarian's Name: _____

Veterinarian's License Number: _____

License date of expiration: _____

Location where license issued: _____

Please complete all information:

This animal was last examined by me on: _____

At the time of this physical examination, the animal appeared to be free of infectious or contagious diseases that would endanger other animals or public health. Yes ____ No ____

The animal is current as of the date of this form for the following vaccinations:

Rabies Vaccine (if applicable) – Date given: _____ Valid through: _____

The animal's owner (student) has represented to me (choose one):

____ The animal has not bitten, scratched or otherwise injured or attacked any person.

____ The animal has bitten, scratched or otherwise injured or attacked a person. The situation leading to the bite, scratch or other injury is described as follows:

Veterinarian Signature: _____ Date: _____

Veterinarian Phone Number: _____

Veterinarian Email Address: _____

REQUIRED: Please provide supporting veterinary health records/documentation with this form.