

# North Central Michigan College

## VETERINARIAN CLEARANCE FORM

The following student has requested accommodation from the Disability Services Coordinator at North Central Michigan College. The goal is to provide accommodations to permit access to all facilities, programs, events, and services on campus. We require appropriate documentation of the health of the requested animal in order to approve access to campus facilities. This form must be completed and returned to the Disability Services Coordinator directly from the veterinarian's office via mail or e-mail. Please attach additional information as needed. Thank you in advance for your time and consideration in this matter.

### Student/Owner Information:

Name of Student/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Request: Permit access of an  Emotional Support Animal or  Service Animal (*This form is only required for Service Animals if they are accessing a non-public area, such as the residence hall, work environments on campus, laboratory areas, or areas where the presence of the animal may cause a health or safety concern for others or the animal itself.*)

Areas the animal will access (e.g. Residence Hall, classroom, library, Iron Horse Café, administrative offices, practicum/internship sites, laboratory settings, nature area, etc.), please describe:

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### To Be Completed by the Veterinarian:

Name of Veterinarian: \_\_\_\_\_

License number: \_\_\_\_\_ License date of expiration: \_\_\_\_\_

Practice Name and Address: \_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of the Animal: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

The animal described above 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 or  No (please explain, if no):

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

Rabies vaccine (if applicable to this type of animal)  
Date given: \_\_\_\_\_ Valid through: \_\_\_\_\_  
Distemper Vaccine (if applicable to this type of animal)  
Date given: \_\_\_\_\_ Valid through: \_\_\_\_\_

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The animal's owner (or owner's agent) has represented to me that (choose one):

- The animal has not bitten, scratched, or otherwise injured or attacked another person.
- The animal has bitten, scratched, or otherwise attacked a person. The situation leading to the bite, scratch, or injury was described as follows:

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Please include any recommendations which you prescribe to support healthy and safe access of this animal to the above environments (e.g. crate/cage size, diet, exercise, behavior support/training, etc.):

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**North Central Michigan College will not be responsible for any potential risks of your client having an animal on campus, including but not limited to:**

- 1. Risks to the animal-** ex. neglect or abuse due to poor mental health of client, undue stress and illness due to handling or environment, risk of rehoming due to neglect, animal misbehavior, or the College's inability to reasonably accommodate the animal in the residence hall.
- 2. Risks to the client:** ex. inadequate treatment of the disorder, injury or property damage from untrained animal, zoonotic infections/diseases, allergies, financial and emotional burden of untrained animal behavior, potential of eviction/loss of the animal due to misbehavior or abuse/neglect of the animal in the residence hall.
- 3. Risks to the public:** Injury or emotional damage from untrained animals, disruption and interference from untrained animals, allergies, zoonotic infections/diseases, species and breed temperaments and effects on behavior/environmental tolerances.
- 4. Risks to the veterinarian professional:** Liability for adverse outcomes including injury/illness caused by animal to the client or others, liability due to inadequate evaluation performed to certify the animal will physically or behaviorally tolerate the conditions of residing in campus housing or attending classroom/crowded campus environments, potentially being called to testify if the need for the animal on campus is challenged or in response to an incident involving the animal.

**By signing below, I certify that the information I have included in this form is complete and accurate to the best of my knowledge.**

**Veterinarian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this form directly to the Disability Services Coordinator, located in BLC room 33.**

*This form was created with guidance from United Airline's Emotional Support Animal Form, retrieved July 25, 2019. <https://www.united.com/web/format/support-animal-form.html> and from the position statement published by the American Counseling Association: Human Animal Interventions in Counseling Interest Network. Emotional Support Animals: Human Animal Interventions in Counseling Interest Network Position Statement, published March 20<sup>th</sup>, 2019. <https://www.ccu.edu/files/documents/life-directions/human-animal-interventions-in-counseling-interest-network-position-statement.pdf>*

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