

CERTIFICATE OF VACCINATION AND HEALTH FOR ANIMAL ACCOMMODATION

**Veterinary Clinic Information**

Name  
Address  
Phone

**Animal Owner Information**

Name  
gtID  
Phone

**Animal Information**

Name Male/Female  
Species Color  
Breed Age  
Weight Date of Spay/Neuter

VACCINATIONS	DATE ADMINISTERED	DATE DUE	VACCINATIONS	DATE ADMINISTERED	DATE DUE
<b>CANINE (Dog)</b>			<b>FELINE (Cat)</b>		
Rabies	_____	_____	Rabies	_____	_____
DHPP	_____	_____	FIV/FelV	_____	_____
Bordetella	_____	_____	FVRCP	_____	_____
Influenza	_____	_____	Intestinal Parasites	_____	_____
Heartworm	_____	_____			
Intestinal Parasites	_____	_____			

I certify the animal above has been examined and found to be free of disease, is current on vaccinations and is on a flea and tick preventative medication.

\_\_\_\_\_  
 Veterinarian (Print)

\_\_\_\_\_  
 Veterinarian Signature Date

Completed form must be uploaded by student under the My Housing application. Failure to submit this form will result in your application for animal accommodations being incomplete and your application for housing will be processed without consideration of your animal. Should you have questions please call the Department of Housing at 404-894-2470.