

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

CANINE (Dog)

FELINE (Cat)

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.