



Emotional Support Animal Vaccination Form
Must be completed by Veterinarian

Student Name _____ AU ID _____

Species of Animal (dog, cat, etc.) _____

Breed of Animal _____ Sex of Animal: Male _____ Female _____

Name of Animal _____ Weight _____

Please attach all vaccination records:

DOGS only

Vaccination: _____ Date: _____

Rabies _____

Distemper _____

Adenovirus _____

Parvovirus _____

Kennel cough _____

Parainfluenza _____

Leptospirosis _____

Heartworm _____

Spay/Neuter _____

CATS only

Vaccination: _____ Date: _____

Rabies _____

Panleukopenia _____

Calici virus _____

Chlamydia _____

Feline Viral Rhinotracheitis _____

Spay/ Neuter _____

Veterinary Information

I have spoken with the student about the care of their animal. I have explained the difference between an emotional support animal, a service animal and a pet.

Printed Name and Title: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

Please send completed form to: Aurora University, Disability Resources Office
347 S. Gladstone Avenue, Aurora, IL 60506
Fax (630) 844-3688 Email to: disabilityresources@aurora.edu

Date received by DRO: _____