

North Central Michigan College
Learning Support Services
VETERINARIAN CLEARANCE FORM

The following student has requested accommodations from Learning Support Services at North Central Michigan College. The goal of our department 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 Learning Support Services directly from the veterinarian's office via mail or fax. 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:

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):

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:

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.):

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 animal, disruption and interference from untrained animal, 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 Emily Bongiovanni, Director of Learning Support Services.
Forms brought to LSS by the student will not be accepted.**

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 20th, 2019. <https://www.ccu.edu/files/documents/life-directions/human-animal-interventions-in-counseling-interest-network-position-statement.pdf>

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