



Veterinarian Form

Student Section

Owner's Name _____ Date _____

FTC Campus Address _____

Primary Phone () _____ Secondary Phone () _____

Emotional Support Animal Name _____ Dog Cat Other (_____)

Age _____ Breed _____ Color _____

Sex (Circle): Male or Female

Spayed/Neutered (Circle): Yes or No

Is your Emotional Support Animal currently sick? Yes or No If yes, please describe:

Please respond to the following questions: Circle Response

1. Has your Emotional Support Animal ever had an adverse reaction to a vaccine? YES NO

2. Where did you get your Emotional Support Animal from?

Vaccines and Treatments (To Be Completed By Veterinarian):

The Emotional Support Animal is currently in good overall health (circle): Yes or No

If not, please explain:

Please list below & attach a copy of vaccinations provided (if applicable)



Services Consent Form and Waiver

I,(Veterinarian)_____hereby consent that the vaccinations provided and listed above are in accordance and compliant with NYS Law. The vaccinations provided to this Emotional Support Animal have been administered and will expire on (Date_____).

I,(Student)_____hereby consent and authorize, (Veterinarian) _____to give vaccinations or provide other treatment to my Emotional Support Animal. These treatments, procedures or operations may involve risks of unsuccessful results, complications, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to the outcome except as is otherwise provided herein. I have discussed the potential risks as well as the nature and purpose of the treatment, procedure or operation and have received and understand all the information I desire regarding said treatments, procedures or operations.

I also understand that if emergency care must be rendered, such care or to arrange for such care. I assume financial responsibility for all charges incurred for the care or treatment provided to the above-described Emotional Support Animal. It is understood and agreed that I assume all other risks associated with the care, treatment and/or safekeeping of my Emotional Support Animal.

I HAVE READ THIS CONSENT FORM AND FULLY UNDERSTAND AND AGREE WITH ITS PROVISIONS.

Student Signature:_____Date: _____

Veterinarian Signature:_____Date: _____

Veterinary's Name:_____
Address:_____
License/ Cert#:_____State:_____
Specialty:_____
Phone:_____Fax:_____
Email:_____

Please provide a copy of Veterinarian's Business Card