



STUDENT DISABILITY SERVICES

CENTRAL MICHIGAN UNIVERSITY

Veterinarian Checklist and Clean Bill of Health Verification

Owner's Name: _____

Animal's Name: _____

Type/Breed: _____ Age: _____

Please check all that apply.

Animal is up to date on all required vaccinations: Yes No

Vaccinations are current as of: _____

Next vaccination is due on: _____

Animal has been spayed or neutered: Yes No

Animal is free of fleas, ticks, and other parasites: Yes No

Animal is free of illness/disease that could be spread: Yes No

Animal has a temperament safe for community living: Yes No

Animal is house trained (if applicable): Yes No

Clean bill of health verification.

I verify that this animal has a clean bill of health and can safely live on the campus of Central Michigan University. I examined the animal on _____ and found that it does not have any concerning issues that would cause harm to the student, itself, or members of the campus community.

Veterinarian Signature: _____

Veterinarian Name (Printed): _____

Office Phone Number: _____

Please return completed form to owner or email to SDS@cmich.edu.