



STUDENT INFORMATION	
Student Full Legal Name	Student ID
Student Address	
Student Phone Number	Student Email Address
ANIMAL INFORMATION	
Animal Name	Animal Species/Breed(s)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Fixed	Approximate Weight
Color(s)/Marks	Animal Age
EXAMINING VETERINARIAN INFORMATION FOR THIS ANIMAL	
Medical conditions (list)	
Vaccination(s) (please include due dates)	
Examination Date	Next Scheduled Examination Date (every semester required)

By signing below, I certify that the information is true and accurate to the best of my knowledge. I hereby certify that I have examined this animal on this date and at the time of the completion of this form; I found this animal free from visual evidence of communicable disease or pests.

Signature of Examining Veterinarian	
Printed Name of Examining Veterinarian	
Veterinary Practice Business Name/Address	
Business Phone Number/Email	Veterinarian License Number