



Animal Health Compliance Form | Delaware Valley University

Due to a documented disability, students may qualify for an Emotional Support Animal residing in the residence hall at DelVal. In such cases, students are required to agree to a statement of expectations, which includes an agreement to keep the animal in good health. Specifically, for cats, dogs, ferrets, and rats, this includes staying current on all recommended vaccinations, staying free from communicable disease, and regularly scheduled Vet appointments

Students requesting to reside with a cat, dog, ferret, or rat on campus are required to provide documentation from their veterinarian of the current health status of the animal.

I. Student Information:

Student ID: _____ Student Name: _____ DelVal Email: _____

II. Animal Information:

Type/Species: _____ Breed (if applicable): _____

Name: _____ Animal Age: _____ Weight: _____

Physical Description: _____

III. Important:

If animal is a dog: Attach evidence that the dog is licensed in Pennsylvania. Go to www.pa.gov

For Cats, dogs, ferrets, rats: Your veterinarian needs to complete page 2.

Contact information:

Delaware Valley University
Office of Accessibility Services
700 E. Butler Ave
Doylestown, PA 18901

215-489-2284 | Accessibilityservices@delval.edu

Registered Animal Health Compliance Form: Veterinarian Certification of Health

Students with approved Emotional Support Animals must provide evidence that the animal is healthy and poses no health risk to the University community, including other animals.

For the veterinarian:

Date of last physical exam: _____ Is the animal spayed/neutered? Yes No N/A

Results of parasite screening for animal: Negative Positive

If positive, list:

Is the animal up to date on all required and recommended vaccines? Yes No

Please provide documentation regarding vaccinations given at last visit. Documentation must include rabies vaccine.

Is the animal on an appropriate flea and tick prevention program? Yes No Not Applicable

Is the animal on an appropriate worming prevention program? Yes No Not Applicable

Does the animal currently have any communicable disease? Yes No

If yes, list:

Is the animal in suitable health to reside in a university residence hall? Yes No Comments (if any):

Veterinarian Name:

Veterinarian Address:

Veterinarian Phone: _____

Veterinarian Signature: _____ Date: _____

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