



Service Animal Vaccination Verification

Student Name _____ AU ID# _____

Breed of Animal _____ Sex of Animal: Male _____ Female _____

Animal Name _____ Weight _____

Please attach all Service Dog vaccination records:

Vaccination	Date
Rabies	_____
Distemper	_____
Adenovirus	_____
Parvovirus	_____
Kennel cough	_____
Parainfluenza	_____
Leptospirosis	_____
Heartworm	_____
Spay/Neuter	_____

Veterinary Information

Printed Name and Title: _____

Signature: _____ Date: _____

Clinic Name: _____

Address: _____

Phone: _____ Fax: _____

Send completed form to: **Aurora University, Disability Resources Office**
347 S. Gladstone Avenue, Aurora, IL 60506
Fax (630) 844-3688 Email to: disabilityresources@aurora.edu

DRO Staff received by date: _____