



Please submit this document completed and signed by your pet's veterinarian. Your application will not be processed until this document has been submitted.

Student Name:

J#:

Pet Information

Pet Name:

Pet Sex:

Pet Age:

Species:

Pet Weight:

Breed (if known):

Physical Description of
Pet:

Vaccination Verification

Rabies	Date Given	Date Due
Fecal OVA & Parasite	Date Given	Date Due
Distemper	Date Given	Date Due
Bordetella (Dogs Only)	Date Given	Date Due
Felv/FIV (Cats Only)	Date Given	Date Due
Leptospirosis (Dogs Only)	Date Given	Date Due
Spayed/Neutered	Date Given	
Flea Prevention	Date Given	

By signing below, I hereby verify the above named and described animal has been examined and found to be free of all disease. The above vaccinations and dates provided are accurate and current.

Veterinarian Name:

Contact Number:

Veterinarian Signature:

Date:

Residential Life

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