



# WEST LIBERTY UNIVERSITY

Housing & Residence Life  
208 University Drive  
CUB 128  
West Liberty, WV 26074

Rogers Hall  
Office: (304) 336-8345  
Fax: (304) 336-8385

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## VETERINARY REGISTRATION FORM

Dear Student:

In order to make specific housing accommodations, a licensed veterinarian must complete the following form. Please read the following information carefully before completing it. Note that the form is to be completed and signed by the treating veterinarian. Please read the following information carefully before provisioning this form to your veterinarian for completion.

This form **MUST** be completed and signed by a licensed veterinarian familiar with the animal being requested for accommodation. If applicable, additional supporting documentation may also be submitted. To avoid delays in processing your request, please ensure all documentation is returned to the Office of Housing & Residence Life as soon as possible.

Once all materials are received, we will review the documentation to verify eligibility. You will receive an email notification of the decision regarding your request to your West Liberty email.

### Required Dog Vaccinations:

DAPP (Distemper, Adenovirus, Parainfluenza, Parvovirus)  
Rabies (All doses complete)  
Leptospirosis  
Bordetella  
Canine Influenza Virus

### Required Cat Vaccinations:

Rabies (All doses complete)  
Feline Panleukopenia Virus  
Feline Viral Rhinotracheitis  
Feline Caliciviruses

**\*\*Animals that do not require vaccinations will still need to be seen by a veterinarian\*\***

The veterinary documentation will be used to:

- Verify the animal's health, vaccination status, and behavior suitability for a campus housing environment
- Confirm that the animal meets university guidelines
- Ensure that the animal does not pose a direct threat to the health or safety of others.

Please note: Approval of an ESA does not exempt students from responsibility for the care, control, and supervision of the animal. Please read the West Liberty University Student Handbook, so all housing policies are followed. Any damages or additional cleaning caused by the animal will be billed to the students' account.

If you have questions or need additional information, please contact the Office of Housing & Residence Life at (304)336-8345 or [residencelife@westliberty.edu](mailto:residencelife@westliberty.edu).

Thank you.

**To be completed by the student:**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

I request that the following information from my Veterinarian be used as documentation of my request for a housing accommodation. I understand that this documentation may be reviewed by WLU's Director of Housing and Residence Life.

Furthermore, I give my consent for any member of the WLU Office of Housing and Residence Life to contact my Veterinarian for additional information as needed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Veterinarian:**

The student is requesting that this animal: \_\_\_\_\_, be utilized as an Emotional Support Animal. This request for documentation is in compliance with the Fair Housing Act.

**\*\*Approval/Denial is NOT solely based on answers provided on this form\*\***

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: ☐ Male ☐ Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Is the animal mentioned above up to date on:

a. All vaccines? ☐ Yes ☐ No If not, why? \_\_\_\_\_

b. Flea Tick Treatment? ☐ Yes ☐ No If not, why? \_\_\_\_\_

2. Are there any upcoming vaccines needed within the next 12-month period? If so, what? \_\_\_\_\_

3. Is the animal suited for residential hall/apartment/campus life? ☐ Yes ☐ No

4. Does this animal have the temperament to tolerate a campus environment?  
☐ Yes ☐ No

5. Do you have any concerns with this animal or any additional comments?

\_\_\_\_\_  
\_\_\_\_\_

Provider: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_