



On-Campus Animal Veterinarian Certification Form

The purpose of this form is to provide verification that animals residing in University housing complies with veterinarian related requirements stated in Faulkner University's applicable policies.

Owner Name: _____

Animal Name: _____

Animal type and description:

Immunization and Health.

☐ Yes ☐ No I certify that the animal has received appropriate immunizations on _____.
(Proof of such immunization/animal health record is required.)

☐ Yes ☐ No Is this animal capable of contracting rabies?

If yes, I certify that the animal has received its rabies vaccine on _____.

☐ Yes ☐ No I certify that this animal is free of parasites on _____.

☐ Yes ☐ No I certify that this animal is on adequate parasite prevention and control.

Veterinarian Information:

Last revised: July 7, 2026

Printed Name

Signature

Date