

**SUNY Cobleskill Residential Life Office
Emotional Support Animal Application Request – Part D**

Note: This section to be completed by the student.

Student Name: _____ 800#: _____

Student Phone Number (best number to reach you): _____

Student Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Student Campus Address: _____

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Note: This section to be completed by the veterinarian.

Provider's Name: _____ License Number: _____

Provider's Office Address: _____

Provider's Telephone Number: _____

Type of Animal: Dog _____ Cat _____ Other (please specify) _____

Animal's Name: _____ Color: _____ Breed: _____

Animal's Weight: _____ Height: _____ Age: _____

Date of Exam: _____

Was the animal found to be in generally good health? If no, please describe _____

Is the animal current on all appropriate vaccinations? _____

Provider's Signature: _____ Date: _____