



Name: _____

Building and Room Number: _____

Phone Number: _____ CSULB Email: _____

Signature: _____ Date: _____

Animal's Name: _____

Type of Animal: _____

Physical Description of Animal (including breed, coloring, age, etc.): _____

Name: _____

Phone Number: _____

Veterinarian's verification of all veterinary recommended vaccinations to maintain the animal's health and prevent contagious disease

Canine: Rabies DHLPP Bordatella

Feline Rabies FVRCP

Veterinarian's documentation of spay/neuter

Documentation of licensure (if required by city/state for animal's breed)

Photograph of the animal

Signed Assistance Animal Addendum