

Information About the Service Animal or Emotional Support Animal

Name of animal:	-
Type of animal:	-
Breed:	-
Age:	-
Weight:	-
By signing this form, I hereby certify that my Service Animal (whe Emotional Support Animal is in good health; over six months old with the Borough of Glassboro or the municipality/county in New Institute (New Institute) and has been vaccinated against diseases common to Borough of Glassboro or the New Jersey municipality/county wand as recommended by the American Veterinary Medical Asso Service Animal (who will reside in University housing) or Emotical aggressive, as confirmed by veterinary records.	d (for cats or dogs); if required, licensed by Jersey where I am a permanent the breed of animal as required by the here I maintain permanent residency, ociation. I am also certifying that my
Please attach copies of all documentation (i.e., veterinary recor certification.	ds, copy of license, etc.) supporting you
Student Name [please print]:	
Signature:	
Date:	