



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