

Pet-Friendly Campus Housing Pet Request Form

The Housing Office makes allowances for students and staff members to have pets in specified buildings and under the pet policy of the seminary. The Housing Office is also mindful of health and safety concerns on Seminary property, as well as the physical maintenance of campus properties, and seeks to balance the needs and rights of all Seminary community members. Documentation provided by a licensed veterinarian is required upon initial request for a pet in campus housing to verify that the animal is in good health and has received all required vaccinations. All dogs must also have a license from the City of New Orleans issued by a veterinarian in New Orleans each year.

Section 1: To be completed by the student-applicant

Name:		Student	ID#	Address:
				City:
	State:	Zip Code:	Phone:	
E	Email:			
Occupancy Period(s) F	Requested: Jan 1 –	May 31 Jun 1 – Dec	: 31 Year	_ Animal type and
breed:				_ Name of Animal:
	Male:	_ Female:		
Is the animal housebro Yes No		ed (able to consistently con	itrol its waste eliminat	ion)?
Is the animal crate-tra Yes No	-	nsistently confined to a clos	sed crate without barl	king, whining, or whimpering)?
•		Drleans dog or cat license is lease submit a copy with th	•	-
	-	low and be bound by the te e Animal Policies and Proce		f New Orleans Seminary's
Student Signature:		Date:		

Applicant: Please submit both pages of the request form scan to housing@nobts.edu; or mail to Director of Housing/New Orleans Baptist Seminary/3939 Gentilly Blvd./New Orleans, LA 70126.



Section 2: To be completed by a licensed Veterinarian

All pets, service animals, or support animals housed on the NOBTS campus must comply with New Orleans City Ordinances regarding dogs and cats (ref. Article V. – Dogs and Cats; DIVISION 1; Sec. 18-201--18.202).

For dogs, this means the dog has been vaccinated for rabies, distemper, hepatitis, parvo virus, parainfluenza, and bordatella.

For cats, this means the cat has been vaccinated for rabies, rhinotracheitis, calicivirus and

panleukopenia. Animal's Information

Owner's Name: _____ Animal's Name: _____

Animal Type and Breed: ______ Spayed or Neutered? _____

Veterinarian Statement

Vaccinations: I verify the above-mentioned animal has all current vaccinations as listed above. I verify that all the above vaccinations are and will remain current through one year or as instructed by veterinarian.

Stool Sample Test: I verify that the above-mentioned animal has been given a stool sample test for internal parasites and that the stool sample was found to be negative for parasites known or suspected of infecting humans, including roundworms, whipworms, hookworms, tapeworms, and Giardia; or that the animal has been appropriately treated for these parasites.

Flea Treatment: I further verify that the above-mentioned animal has been treated and/or examined and found to be free of flea infestation. I have prescribed appropriate flea preventative treatment for the above-mentioned animal.

General Health: I verify that the above-mentioned animal is in general good health or under an appropriate plan of care.

Veterinarian's Signature:	Please write or stamp provider's name, title, credentials, and contact information here:
Signature:	
Date:	
My signature verifies that I am the examining or treating professional and that the contents of this form are true and accurate.	

Applicant: Please submit all three portions of the request forms to housing@nobts.edu; or mail to Director of Housing/New Orleans Baptist Seminary/3939 Gentilly Blvd./New Orleans, LA 70126.

Subsequent to this initial form, a copy of a New Orleans pet license must be submitted to the housing office on a yearly basis. The license may be obtained from the veterinarian at the time of vaccination.