



Service Animal Health Background

How to Complete Form

Complete this process in five steps. For questions call 805-658-5717 or email chis_chiefranger@nps.gov.

1. Complete the visitor/owner affirmation section.
2. Veterinarian completes the vaccination affirmation section. All vaccinations must be current and completed at least ONE month ahead of island visit.
3. Veterinarian completes health exam and parasite screening/prevention affirmation section WITHIN 14 days of island visit.
4. At least 3 business days prior to trip return form for official signature to chis_chiefranger@nps.gov
5. A signed copy will be returned via email. This signed copy must be kept available during your island visit.

Visitor / Owner Affirmation

1. I assert that I have a service animal that is required due to a disability and that my service animal is trained to perform specific tasks directly related to my disability in order to help me.
2. I recognize that Channel Islands National Park has a significant and ongoing park program to restore island foxes and that vaccination and other health requirements are in place for service animals to ensure fox recovery.
3. I also recognize that by bringing my service animal to the Channel Islands I could be exposing my service animal to unique diseases and parasites that are not found on the mainland and that might endanger the health of my service animal for which the National Park Service (NPS) cannot be held accountable.
4. I agree to keep my service animal under control at all times.
5. I agree to clean up and pack my animal's feces off the island. If I am unable to accomplish this due to my disability I will notify the Office of Visitor & Resource Protection prior to my visit so alternate arrangements can be made.
6. Once this form is completed by myself and my Veterinarian, and signed by the Channel Islands Office of Visitor & Resource Protection, I will keep the signed copy available during my visit.

Name of Visitor/Owner: _____

Visitor/Owner Address: _____

Emergency Contact Information: _____

Name of Service Animal: _____ Service Animal Description: _____

Dates of Island Visit: _____

Signature: _____ Date: _____

VETERINARIAN MUST COMPLETE AND SIGN THE BACK OF THIS FORM

For Official Use Only

Name of Reviewing Official: _____

Signature: _____

Date: _____

**Veterinarian
Vaccination
Affirmation**

All vaccinations must be current and completed at least ONE month ahead of the island visit. Existing vaccinations are NOT valid if within 2 months of vaccination booster due date. Attach vaccination record to this form.

Vaccinations (NOT valid if booster due in less than 2 months)	Date	Veterinarian Initials
Canine Distemper Virus		
Canine Infectious Hepatitis/Adenovirus		
Canine Parainfluenza Virus		
Canine Parvovirus		
Leptospirosis		
Coronavirus		
Rabies		
Canine Influenza (H3N8 & H3N2)		
Vaccination required within 6 months of visit	Date	Veterinarian Initials
Bordetella/kennel cough (killed vaccine/ SQ)		

**Veterinarian
Health Exam
and Parasite
Screening/
Prevention
Affirmation**

WITHIN 14 days of the island visit, a veterinary health exam is required to confirm the animal is in good health and free of any infectious disease or parasites, has negative heartworm and fecal testing, and IS CURRENT on parasite preventatives. Attach test results to this form.

Screening within 14 days of island visit	Date	Veterinarian Initials
Negative for heartworms		
Negative for endoparasites through fecal testing (zinc and sugar floatation, plus Giardia PCR, Elisa, or fluorescent antibody)		
Negative for ectoparasites (fleas, ticks, and mites)		
Current preventative treatment	Date	Veterinarian Initials
Against heartworm, hookworms, roundworms, whipworms. and tapeworms.		
Against fleas (adulticide), ticks, and ear mites		

Veterinary Health Certification

I have conducted a physical exam and the animal is in good health and free of evidence of infectious diseases or parasites.

Name of Veterinarian: _____

Signature: _____ Date: _____

Business Address of Veterinarian Facility: _____