

VERIFICATION OF ANIMAL'S HEALTH FORM

AccessAbility Services - University of Waterloo
 1401 Needles Hall, 200 University Avenue West,
 Waterloo, ON N2L 3G1
 P. 519.888. 4567 ext. 35082. F. 519.746.2401
 Web: uwaterloo.ca/accessability-services
 E-mail: access@uwaterloo.ca

Occupational Health - University of Waterloo
 Commissary Building COM 115, 200 University Avenue West
 Waterloo, ON N2L 3G1
 P. 519.888.4567 ext. 40538 F. 519.888.4373
 Web: uwaterloo.ca/occupational-health/
 E-mail: occupationalhealth@uwaterloo.ca

GUIDELINES FOR APPLICANT AND VETERINARIAN

Section 1-2: To be completed by Applicant (Student or Employee);

Section 3-4: To be completed by Veterinarian.

Submit form to AccessAbility Services (students) or Occupational Health (employees).

The University of Waterloo is committed to accessibility for persons with disabilities, as well as the health and safety of all individuals while on University campus. AccessAbility Services (students) and/or Occupational Health (employees) requires documentation from a licensed veterinarian verifying the service animal's health is in good standing and does not pose any undue health risk to the public while on University campus (outdoors and inside buildings).

TO BE COMPLETED BY APPLICANT

SECTION 1: APPLICANT INFORMATION

Applicant information (please print)	
Last name:	
First name:	
Waterloo ID number: <i>(Student or Employee ID)</i>	
Phone number (home/cell/work ext.)	
Waterloo e-mail address:	@uwaterloo.ca

SECTION 2: APPLICANT INFORMED CONSENT AND AUTHORIZATION FOR THE PURPOSE OF VERIFICATION OF SERVICE ANIMAL

Completion of all sections listed below is voluntary. Applicants may also withdraw consent pertaining to any of the below at any time. NOTE: Should you elect not to provide your consent, you may forfeit your access to support services you require during your admission to /employment with the University of Waterloo.

CONTACT WITH THE SERVICE PROVIDER:

By signing below, I give consent for the University of Waterloo (AccessAbility Services or Occupational Health) to contact the service provider who completed this form to discuss information provided in this document, if necessary, to clarify information regarding this application or if there are questions related to my application.

Applicant's signature:	Date completed (DD/MM/YYYY):
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Applicant's informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.



TO BE COMPLETED BY REGISTERED VETERINARIAN

The University of Waterloo (AccessAbility Services, or Occupational Health Services) requires verification of the health of the service animal, which has been recommended by a licensed/registered health care provider. All documentation is kept strictly confidential and is not released without written the applicant's consent.

SECTION 3: INFORMATION REGARDING ANIMAL

Information regarding animal (please print)	
Handler's name:	
Animal type:	
Animal's breed:	
Animal's name:	

Date of initial contact with animal: Date: ____/____/____ (DD/MM/YYYY)

Date of last visit with animal: Date: ____/____/____ (DD/MM/YYYY)

SECTION 4: HEALTH OF ANIMAL

1. Is the animal up to date with their rabies vaccinations?

- Yes
- No

Date of last vaccination: Date: ____/____/____ (DD/MM/YYYY)

If no, please explain:

2. Based on your most recent assessment, do you certify that this animal has a clean bill of health and is appropriate to attend in public forums within a University campus, indoors and outdoors?

- Yes
- No

Date of assessment: Date: ____/____/____ (DD/MM/YYYY)

3. Is this animal breed legally permitted within a University campus setting for the purposes of attending school or employment, as noted under the Fish and Wildlife Conservation Act S.O. 1997, C. 41?

- Yes
- No



4. Please document any concerns you may have regarding the animals' ability and capacity to be in a public environment for up to 8 continuous hours per day (temperament, behaviour, sterilization, etc):

CERTIFICATE OF VETERINARY PROFESSIONAL

Documentation completed by a relative of the applicant will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person answering the questions on the form above.

Veterinarian's Name (please print):	Name of Practice/Clinic/Hospital:
Veterinarian's Signature:	Address:
Veterinarian's License/Registration #:	Phone #: () -
<u>Affix card here or office stamp</u>	Fax #: () -
	Date Completed: ____/____/____ (DD/MM/YYYY)

