

SERVICE ANIMAL VERIFICATION REQUEST 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

Employee Health and Accommodations – 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/employee-health-accommodations
 Email: occupationalhealth@uwaterloo.ca

GUIDELINES FOR APPLICANT AND ATTENDING HEALTH CARE PROFESSIONAL

Section 1-3: To be completed by Applicant (which may be a student, or an employee); Section 4-7: To be completed by Attending Health Care Professional. The Service Animal Verification Form provides verification for the need of a service animal on university campus. Submit application to AccessAbility Services (students) or Employee Health and Accommodations (employees).

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. Applicant 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.

AUTHORIZATION TO MY ATTENDING HEALTH CARE PROFESSIONAL TO COMPLETE THIS FORM:

By submitting this form, I authorize the attending health care professional named in this form to complete the Service Animal Verification Request Form and disclose information concerning myself to AccessAbility Services, or Employee Health and Accommodations, at the University of Waterloo.

CONTACT WITH MY ATTENDING HEALTH CARE PRACTITIONER:

By signing below, I give consent for the University of Waterloo (AccessAbility Services or Employee Health and Accommodations) to contact the service provider who completed this form to discuss information provided in this document, if necessary, to clarify information regarding functional limitations 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 APPLICANT**SECTION 3: ANIMAL INFORMATION**

Animal information (please print)	
Animal type:	
Animal breed:	
Animal name:	

1. List the types of assistance your service animal provides in relation to your disability:

2. Do you have alternative solutions to aid in accessing services, should your service animal not be available?

☐ Yes

☐ No

Please describe:

3. Will your service animal be with you at all times while on University Campus?

☐ Yes

☐ No

If no, what is your plan to care for the service animal while not under your supervision?



Emergency contact for alternate caregiver for animal

Name:	
Address:	
Phone number:	

*Alternate caregiver must be able to attend the campus within 30 minutes notice.

TO BE COMPLETED BY ATTENDING HEALTH CARE PRACTITIONER

The University of Waterloo (AccessAbility Services, or Employee Health and Accommodations) requires verification of the need for a service animal by a licensed/registered health care provider, who has in-depth knowledge of the applicant's condition and is able to prescribe a service animal. All documentation of the applicant's disability is kept strictly confidential and is not released without written consent.

SECTION 4: VERIFICATION OF DISABILITY

1. Does your patient have a disability-related need for a service animal as defined by AODA?

☐ Yes

☐ No

2. Describe how the service animal enables access to the academic/employment environment specific to the verified disability:

3. In what situations would your patient require the service animal (check all that apply):

☐ Classroom/ Lectures

☐ Home/ In Residence

☐ Office/ Workspace Environment

☐ Meal Times/ Personal Care

☐ Tutorials

☐ Meetings

☐ Labs

☐ Other: _____

☐ Exams/ Testing/ Evaluation Situations

SECTION 5: ASSESSMENT INFORMATION

Date of initial contact with individual:

Date: _____ (DD/MM/YYYY)

Date of last visit with individual:

Date: _____ (DD/MM/YYYY)



SECTION 6: ADDITIONAL INFORMATION *(Optional)*

Please note: if there are any **accommodation needs** (academic or employment) to support accessibility with a service animal, please complete a disability verification form that aligns with the applicant's underlying disability or disabling condition and associated functional limitations. Applicants should contact [AccessAbility Services](#) (students) or [Employee Health and Accommodations](#) (employees) for the documentation that applies to their situation.

Please list the functional restrictions and/or limitations your patient is experiencing, or any additional information for the University of Waterloo to consider in supporting your patient:

SECTION 7: CERTIFICATE OF ATTENDING HEALTH CARE PRACTITIONER

Under Accessibility for Ontarians with Disabilities Act ON Reg 191/11, sec. 80.45 (4), an animal is a "service animal" for a person with a disability if:

- *the animal can be readily identified as one that is being used by the person for reasons relating to the person's disability, as a result of visual indicators such as the vest or harness worn by the animal, or*
- *the person provides documentation from one of the following regulated health professionals confirming that the person requires the animal for reasons relating to the disability.*

Please check all that apply to you:

- ☐ Member of the College of Audiologists and Speech-Language Pathologists of Ontario
- ☐ Member of the College of Chiropractors of Ontario
- ☐ Member of the College of Nurses of Ontario
- ☐ Member of the College of Occupational Therapists of Ontario
- ☐ Member of the College of Physicians and Surgeons of Ontario
- ☐ Member of the College of Physiotherapists of Ontario
- ☐ Member of the College of Psychologists of Ontario
- ☐ Member of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario



CERTIFICATE OF ATTENDING HEALTH CARE PRACTITIONER

I certify with my signature below that, in my professional opinion, the applicant named in Section 1 requires a service animal to support functional limitations of a condition while attending the University of Waterloo.

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.

Practitioner Name (Please print):	
Practitioner Signature:	
Practitioner License/ Registration #:	
Name of Practice/ Clinic/ Hospital:	
Address:	
Phone #:	
Fax #:	

Date Completed: _____ (DD/MM/YYYY)

Affix card here or office stamp

