

## SERVICE ANIMAL REQUEST FORM

### Applicant Information

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Faculty/Department: \_\_\_\_\_

### Animal Information

Animal Type: \_\_\_\_\_  
Animal's Breed: \_\_\_\_\_  
Animal's Name: \_\_\_\_\_

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

What alternative solutions do you have to aid in accessing services, should your service animal not be available?

Will your service animal be with you at all times while on University campus?

Yes      No

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

### Emergency Contact

Please provide an emergency contact of alternate caregiver for the animal (**Note:** alternate caregiver must be able to attend campus within 30 minutes of notice)

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Additional information to be provided:

- Healthcare Provider Form (see attached)
- Veterinarian Form (see attached)
- Certificate of vaccinations/immunizations and overall good health from a licensed veterinarian
- Individual Risk Assessment (required if the service animal will be entering labs)

## HEALTHCARE PROVIDER FORM

*This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the individual's condition(s).*

Date of Initial Contact with Individual: \_\_\_\_\_

Date of Last Visit with Individual: \_\_\_\_\_

Please list the functional restrictions and/or limitations your patient is experiencing.

Does your patient have a disability-related need for a service animal?

Yes      No

Describe how the animal serves as an accommodation for the verified disability.

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### Certificate of Attending Health Care Professional

*The provider signing this form must be the same person answering the questions on the form above.*

<b><u>Please Print:</u></b>	
Date Completed (DD/MM/YYYY)	
Practitioner's First and Last Name	
Practitioner's Signature	
Practitioner's License/Registration Number	
Name/Address/Phone Number/Fax Number	<b>Please use office stamp as well as signature</b>

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 Optometrists 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

***Return complete form to the University of Waterloo***

**AccessAbility Services** (Students)

Needles Hall, Room 1401 | M-F, 8:30 a.m. – 4:30 p.m.

[access@uwaterloo.ca](mailto:access@uwaterloo.ca)

**Occupational Health** (Employees)

COM 115 | M-F, 8:00 a.m. – 4:00 p.m.

[occupationalhealth@uwaterloo.ca](mailto:occupationalhealth@uwaterloo.ca)

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**Applicant Consent**

I give consent for the University of Waterloo Occupational Health/AccessAbility Services to contact my medical practitioner to discuss the information provided in this document if necessary to clarify the information provided regarding functional restrictions and limitations or if there are questions about the need for an assistance animal.

Applicant Signature	
Date Completed (DD/MM/YYYY)	

**Note to applicant:** If you have other relevant documentation, you may include copies of it with this form.

## VETERINARIAN FORM

*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/Occupational Health 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).*

**Please note:** Documentation completed by a relative of the applicant will not be accepted due to professional and ethical considerations even if the relative is otherwise qualified to do so.

### To be completed by the applicant:

\_\_\_\_\_ (Name of Owner/Handler) has identified the need for a service animal, and is requesting to bring \_\_\_\_\_ (Animal's Name) onto University campus and into University buildings during their studies/employment/volunteering, etc.

### To be completed by a licensed veterinarian:

*Based on your in-depth knowledge of this animal, please answer the following questions.*

Animal Type: \_\_\_\_\_

Animal's Breed: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Date of Initial Contact with Animal: \_\_\_\_\_

Date of Last Visit with Animal: \_\_\_\_\_

Date of Animal's Last Rabies Vaccination: \_\_\_\_\_ **OR** Not applicable

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 Reassessment: \_\_\_\_\_

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

Please document any concerns you may have regarding this animal's ability and capacity to be in a public environment for up to *eight* continuous hours per day (temperament, behaviour, sterilization, etc.).

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### Certificate of Veterinary Professional

*The provider signing this form must be the same person answering the questions on the form above.*

<b>Please Print:</b>	
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Practitioner's Signature	
Practitioner's License/Registration Number	
Name/Address/Phone Number/Fax Number	<b>Please use office stamp as well as signature</b>