

SERVICE ANIMAL ON CAMPUS

This form should be completed by one of the following appropriately licensed and trained Health Care Professionals (HCP):
**Audiologist, Speech-Language Pathologist, Nurse Practitioner,
Optometrist, Family Physician, Psychiatrist, or Psychologist**

SECTION A: COMPLETED BY STUDENT

Please print clearly in black or blue ink

STUDENT INFORMATION:

Last Name: _____ Preferred/Given Name: _____

Date of Birth: _____ Student Number: _____

Phone: _____ Laurier Email: _____@mylaurier.ca

ABOUT THIS FORM

To permit Services Animals in non-public areas on Laurier campuses, Accessible Learning requires the following information: (a) health care provider (HCP) verification of the student's disability and their need for a service animal for disability-related reasons, (b) functions the service animal performs to facilitate the student's access, and (c) the HCP's confirmation they observed the service animal perform these functions or otherwise obtained such confirmation.

Accessible Learning uses the information collected on this form to determine the student's eligibility for bringing a Service Animal to campus as an accommodation for their disability.

Note: The student may be required to update the information on this form should their disability, need for a service animal, or the service animal itself change.

CONFIDENTIALITY

Information provided to Accessible Learning is kept **strictly confidential** and will not be shared with anyone outside of Accessible Learning. Information will not be released without the expressed written consent of the student.

STUDENT DECLARATION

Accessible Learning does not accept documentation completed by a relative of a student for professional and ethical reasons. I confirm that the Health Care Professional completing *Section C* and signing this verification form is **not** a relative of mine. YES NO

CONTACT WITH MY HEALTH CARE PROFESSIONAL

I give consent for Accessible Learning to contact my HCP to discuss information provided in this document, if necessary, to a) clarify information regarding my functional limitations, b) my need for a service animal, and/or c) how the service animal facilitates my access at Laurier. YES NO

RELEASE OF INFORMATION & CERTIFICATION:

I hereby authorize my HCP, who is completing and signing this form, to share information with Laurier's Accessible Learning about my disability, its functional impacts, and my service animal. By signing this form, I certify that the information provided is true. Misrepresenting information in this form and/or not adhering to the training & behavioral declaration on page 3 may be sufficient cause, in and of itself, for the University to refuse admittance of the service animal on campus.

Student Signature: _____ Date: _____

Student's Informed Release is done in accordance with the following sections of the Freedom of Information and Protection of Privacy Act: 41(1) (a), 41(1)(b), and 41(1)(c) allowing for the use of personal information and sections 42(1)(b), 42(1)(c), and 42(1)(d) allowing for the disclosure of personal information.

SECTION B: COMPLETED BY STUDENT

Please print clearly in black or blue ink

SERVICE ANIMAL IDENTIFICATION

SPECIES: DOG CAT RABBIT HAMSTER/GUINEA PIG FERRET
 OTHER (Specify): _____

Breed (if applicable): _____

Name: _____ **Date of Birth/Approximate Age:** _____

Weight (Kilos): _____ **Height/Length (cms):** _____

Colour(s) and/or Identifying Markers: _____ **Microchip # (if applicable):** _____

Municipal License # (if applicable): _____

SERVICE ANIMAL ONECARD

Students must obtain a [OneCard](#) or Identification Card from the [Attorney General of Ontario for Guide Dogs for the Blind](#) before bringing their Service Animal to campus. Students may be required to show this OneCard or Ontario Identification Card to any University employee when it is not obvious or immediately apparent that the animal is a Service Animal and registered with Accessible Learning.

I understand I am responsible for obtaining a OneCard or Ontario Identification Card for my Service Animal and presenting it to Laurier employees upon request: YES NO

SERVICE ANIMAL HEALTH

Veterinarian and/or Clinic Name: _____

Veterinarian Phone: _____ **Veterinarian Email:** _____

Date of Service Animal's last wellness check: _____

My Service Animal is vaccinated for Rabies: YES NO **Date of Vaccination:** _____

My Service Animal is free from fleas/ticks/diseases that would endanger humans or other animals: YES NO

My Service Animal is spayed or neutered: YES NO

If the animal is not spayed/neutered, what date will the procedure be completed? _____

EMERGENCY CONTACT – SERVICE ANIMAL ALTERNATE CAREGIVER

Provide the name, phone number, and email address of a person the University can contact to retrieve and/or care for your Service Animal in case of emergency or other urgent situations where you are unable to control or care for the animal:

Name: _____ **Phone:** _____ **Email:** _____

SECTION B Continued: COMPLETED BY STUDENT		
<i>Please print clearly in black or blue ink</i>		
SERVICE ANIMAL TRAINING & BEHAVIOR DECLARATION		
I verify that my Service animal is trained and consistently performs the tasks my HCP indicates below that are necessary to support my disability and/or facilitate my access to the Laurier campus:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I verify that my Service Animal is fully trained and consistently behaves in all types of public and residence settings:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I verify that my Services Animal's behavior will not interfere with or disrupt for other people their access to and engagement with the Laurier campus. Disruptive or interfering behaviors include, but not limited to, soliciting attention, jumping, excessive barking, growling, baring teeth, showing aggression, or toileting indoors:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I verify that my Service Animal will be in consistent good health with updated immunizations/vaccinations, clean and groomed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I will assume responsibility for costs, penalties, and/or remedies resulting from any harm my Service Animal causes to individuals or other animals on Laurier campus:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I will assume responsibility for costs resulting from any damage my Services Animal causes to University property:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
While on Laurier campus, my Service Animal will remain with me, and under my control, at all times:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I assume responsibility for any harm or damage the Service Animal causes at any time it is on the Laurier campus but not under my direct control and supervision:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that should I or my Service Animal be found in violation of any of the above statements, Laurier may bar my Service Animal from campus. In this situation, the University will provide alternative accommodations to support my access needs.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION C: COMPLETED BY THE HEALTH CARE PROFESSIONAL

Please print clearly in black or blue ink

HEALTH CARE PROFESSIONAL (HCP)

Accessible Learning relies on your detailed knowledge of this student’s disability, their disability-related functional limitations, and their need for a service animal to access the Laurier campus. Careful consideration should be given to the **verification of disability**, the **student’s need for a service animal** and the **functions the animal performs to facilitate the student’s access to the Laurier campus**.

Documentation completed by a relative of the student 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 below.

In completing the questions below, I am basing my responses on:

An assessment I completed with the student **with the service animal present**

A previous assessment completed by _____ (HCP’s name) **with the service animal present**, on _____ (date).

VERIFICATION OF DISABILITY

*Disability is defined as a condition or impairment that restricts the student’s ability to perform daily activities necessary to participate in post-secondary studies. **Please verify disability status by initialing in the appropriate box below:***

I confirm that this student **has a disability** according to the criteria outlined above.

Pending: I am **in the process of monitoring and assessing** the student’s condition.

I confirm that this student **does not present with a disability** according to the criteria outlined above.

VERIFICATION OF DIAGNOSIS

Please provide a clear diagnostic statement. (Avoid phrases ‘suggests’, ‘is indicative of’, etc.) **NOTE:** Indicate any co-existing conditions.

Primary:	Date:
Secondary:	Date:

Additional information:

DURATION OF DISABILITY CONDITION (Please check the appropriate box below)	
<input type="checkbox"/> PERMANENT:	Ongoing and continuous, will impact the student over the course of their academic career, <i>and</i> is expected to remain for their expected life.
<input type="checkbox"/> PERMANENT, EPISODIC:	Periods of good health interrupted by periods of illness or disability and is expected to remain for their natural life.
<input type="checkbox"/> PERSISTENT OR PROLONGED: Condition expected to last _____ months	Ongoing and continuous, will impact the student over the course of their academic career <i>and</i> is expected to last at least 12 months, <i>and</i> is not a permanent disability.
<input type="checkbox"/> TEMPORARY: Condition expected to last _____ months	Condition is not expected to be pervasive, continuous, or recurrent/episodic in nature, <i>and</i> is expected to last no more than 12 months.
<input type="checkbox"/> PROVISIONAL: Assessment expected to take _____ months	I am still assessing the student.

DEFINITION - SERVICE ANIMAL
<p>The <i>Accessibility for Ontarians with Disabilities Act</i>, ON Reg. 191/11, sec. 80.45(4) states that an animal is a Service Animal for a person with a disability if:</p> <ul style="list-style-type: none"> • The animal can be readily identified as one that is being used by the person for reasons relating to the person's disability because of visual indicators such as a vest or harness worn by the animal or • The person provides documentation from a regulated health professional confirming that the person requires the animal for reasons relating to their disability

DISABILITY-RELATED FUNCTIONS PERFORMED BY SERVICE ANIMAL
<p>Service Animals are working animals trained and capable of consistently performing functions or tasks specific to the student's disability that is required to support their access to the Laurier campus. Indicate which functions/tasks the student's Service Animal will perform for them on the Laurier campus. Check all that apply:</p> <p><input type="checkbox"/> Reminders to take medication</p> <p><input type="checkbox"/> Pull/push a mobility device or provide walking assistance</p> <p><input type="checkbox"/> Retrieve items and/or open doors</p> <p><input type="checkbox"/> Washroom/personal care assistance</p> <p><input type="checkbox"/> Alert to environmental sounds – e.g., alarms or bells</p> <p><input type="checkbox"/> Alert of impending seizure, diabetic, medical or allergy event and/or protection during the same</p> <p><input type="checkbox"/> Comfort and/or protection during panic attacks, navigating crowded settings, and/or maintaining physical distance</p> <p><input type="checkbox"/> Navigational assistance</p> <p><input type="checkbox"/> Other – please describe: _____</p> <p><input type="checkbox"/> Other – please describe: _____</p>

CAMPUS SETTINGS
Indicate the spaces on campus in which the student require support from their Service Animal. Check all that apply:
<input type="checkbox"/> All spaces – the Service Animal will accompany the student everywhere on campus
<input type="checkbox"/> Lecture halls and classrooms
<input type="checkbox"/> Small group tutorials, seminars
<input type="checkbox"/> Wet laboratories (e.g., chemistry or biology labs)
<input type="checkbox"/> Dry laboratories (e.g., computer labs)
<input type="checkbox"/> Exam room or hall
<input type="checkbox"/> In Residence room
<input type="checkbox"/> Dining Hall, Cafeteria
<input type="checkbox"/> Other – please describe:

ADDITIONAL INFORMATION:
Please use this space to provide any other information Accessible Learning should consider in determining the student's eligibility for bringing their Service Animal to campus.

HEALTH CARE ATTESTATION & PROFESSIONAL INFORMATION

I attest that, based on my diagnosis and/or treatment of the student’s disability and knowledge of their disability-related functional limitations, they need a Service Animal to access and engage with the Laurier campus.

Name:
 (Please PRINT)

Facility Name and Address (Please use Official Stamp)
 (Note: Sign, date, and attach your Office Letterhead if you do not have an office stamp.)

	Specialty:	
	<input type="checkbox"/> Audiologist	<input type="checkbox"/> Psychologist
	<input type="checkbox"/> Family Physician	<input type="checkbox"/> Nurse Practitioner
	<input type="checkbox"/> Speech Language Pathologist	<input type="checkbox"/> Optometrist
	<input type="checkbox"/> Psychiatrist	

Health Care Professional Signature:

Registration/License No.:

Date completed:

Phone:

How to Submit Form:

This document, once completed by your Health Care Practitioner, should be uploaded with your online student application on [Accessible Learning Online](#) . Visit [Accessible Learning](#) for uploading instructions or contact us at accessible_learning@wlu.ca

Please note that Accessible Learning will review the submitted application and contact the student within 5-10 business days to begin the registration process.

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