Service Animal on Campus

This form should be completed by one of the following appropriately licensed and trained Healthcare Providers: Audiologist, Speech-Language Pathologist, Nurse Practitioner, Optometrist, Family Physician, Psychiatrist, or Psychologist

# Section A: To be Completed by the Student

## Student Information

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred / Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laurier Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@mylaurier.ca

## About this Form

To permit Service Animals in non-public areas on Laurier campuses, Accessible Learning requires the following information: (a) healthcare 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 performing 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 change or they acquire a new Service Animal.

## 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 express 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 Healthcare Provider completing Section C and signing this verification form is **not** a relative of mine. [ ] YES [ ] NO

## Contact with my Health Care Provider

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight (Kg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth/Approximate Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height/Length (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Municipal License # (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Service Animal OneCard

Students must obtain a [OneCard](https://students.wlu.ca/registration-and-finances/onecard/index.html) or Identification Card from the [Attorney General of Ontario for Guide Dogs for the Blind](https://forms.mgcs.gov.on.ca/dataset/on00364) 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

**If the Service 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Service Animal Training & Behaviour 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: [ ] YES [ ] NO

I verify that my Service Animal is fully trained and consistently behaves in all types of public and residence settings: [ ] YES [ ] NO

I verify that my Service Animal’s behaviour will not interfere with or disrupt for other people their access to and engagement with the Laurier campus. Disruptive or interfering behaviours include, but not limited to, soliciting attention, jumping, excessive barking, growling, baring teeth, showing aggression, or toileting indoors: [ ] YES [ ] NO

I verify that my Service Animal will be in consistent good health with updated immunizations/vaccinations, clean and groomed: [ ] YES [ ] NO

I will assume responsibility for costs resulting from any damage my Service Animal causes to University property: [ ] YES [ ] NO

While on any Laurier campus, my Service Animal will remain with me, and under my control, at all times. I am responsible for any harm or damage my Service Animal causes at any time it is not under my direct control and supervision: [ ] YES [ ] 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. [ ] YES [ ] NO

# Section C: To be completed by Health Care Provider

**Note: Students can skip this section by submitting a copy of their animal’s** [**International Guide Dog Federation**](https://www.igdf.org.uk/) **certificate (if applicable).**

Please print clearly in black or blue ink

## Health Care Provider

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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 the 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)

[ ] **PERMANENT:** Ongoing and continuous, will impact the student over the course of their academic career, *and* is expected to remain for their expected life.

[ ] **PERMANENT, EPISODIC:** Periods of good health interrupted by periods of illness or disability and is expected to remain for their natural life.

[ ] **PERSISTENT OR PROLONGED:** **Condition expected to last \_\_\_ months**

Ongoing and continuous, will impact the student over the course of their academic career *and* is expected to last at least 12 months, *and* is not a permanent disability.

[ ] **TEMPORARY:** **Condition expected to last \_\_\_ months**

Condition is not expected to be pervasive, continuous, or recurrent/episodic in nature, *and* is expected to last no more than 12 months.

[ ] **PROVISIONAL:** **Assessment expected to take \_\_\_ months**

I am still assessing the student.

## Definition – Service Animal

The *Accessibility for Ontarians with Disabilities Act*, ON Reg. 191/11, sec, 80.45(4) states that 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 related 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

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:

[ ] Reminders to take medication

[ ] Pull/push a mobility device or provide walking assistance

[ ] Retrieve items and/or open doors

[ ] Washroom/personal care assistance

[ ] Alert to environmental sounds – e.g., alarms or bells

[ ] Alert of impending seizure, diabetic, medical or allergy event and/or protection during the same

[ ] Comfort and/or protection during panic attacks, navigating crowded settings, and/or maintaining physical distance

[ ] Navigational assistance

[ ] Other – please describe:

[ ] Other – please describe:

## Campus Settings

Indicate the spaces on campus in which the student requires support from their Service Animal. Check all that apply:

[ ] All spaces – the Service Animal will accompany the student everywhere on campus

[ ] Lecture halls and classrooms

[ ] Small group tutorials, seminars

[ ] Wet laboratories (e.g., chemistry or biology labs)

[ ] Dry laboratories (e.g., computer labs)

[ ] Exam room or hall

[ ] In Residence room

[ ] Dining Hall, Cafeteria

[ ] 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Health Care Provider 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):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialty:** **Official Stamp:**

[ ] Family Physician [ ] Speech Language Pathologist

[ ] Audiologist [ ] Psychiatrist [ ] Psychologist

[ ] Nurse Practitioner [ ] Optometrist

**Registration Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you do not have an official stamp, please sign, date, and attach a page of your office letterhead.

**How to Submit Form:**

This document, once completed by your Healthcare Provider, should be uploaded with your online student application on [*Accessible Learning Online*](https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fsierra.accessiblelearning.com%2fWLU%2f&c=E,1,eY7igd2BdSEDV5K--Tdx0P2-99zWPQlAMR71iTmheX5cVOWv1dFIcJz9AxvQR-86y2uLgOGfUwBgpxCkHwwrrof5PdxymxUc9_ubCf587VU,&typo=1). 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.

*Updated September 2023*