

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](#) 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

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

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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

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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 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.

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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:

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.

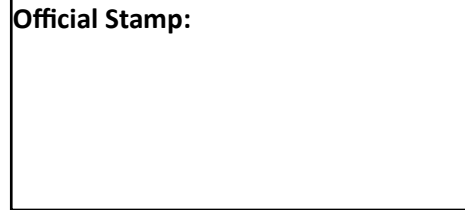
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Name (please print): _____

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](#). 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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