

### Service Animal on Campus

#### Section A: To be Completed by the Student

##### Student Information

Last Name:	<input type="text"/>	Preferred / Given Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Phone Number:	<input type="text"/>
Student Number:	<input type="text"/>	Laurier Email:	<input type="text"/>

##### About this Form

Accessible Learning uses the information collected on this form to: (a) confirm the student is a person with a disability; (b) verify that their need for a service animal stems from their disability; (c) detail how the service animal facilitates the student's access; and (d) confirm that the healthcare provider (HCP) observed the service animal performing these functions or otherwise obtained such confirmation.

Personal information is collected under the authority of the Wilfrid Laurier University Act and privacy policies to administer the university-student relationship. Visit [wlu.ca/privacy](http://wlu.ca/privacy) for more information about how your information is used, collected and shared.

##### Disclosure of Diagnosis and Verification of Information

You are not required to disclose your medical diagnosis for permission to bring a service animal to campus. You are required to confirm the nature of your disability and provide information about your disability related to your need for a service animal on campus.

I give my consent for my HCP to disclose my medical diagnosis ☐ YES ☐ NO

I give consent for Accessible Learning to contact my HCP to discuss information specifically provided in this document ☐ YES ☐ NO

I authorize the HCP completing this form to share information with Accessible Learning at Wilfrid Laurier University about my disability and my disability-related functional limitations to inform decisions about bringing my service animal to campus. ☐ YES ☐ NO

##### Release of Information & Certification

The information collected in this form is kept strictly confidential. Accessible Learning will not share any information collected in this form with anyone outside of Accessible Learning, including with others within the University, without your explicit consent.

By signing this form, I certify that the information provided is true, that the Health Care Provider signing this form is the same person completing Section C of the form and is not a familial relative. Misrepresenting information in this form and/or not adhering to the **Service Animal Training & 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: To be Completed by the Student**

### **Service Animal Identification**

SPECIES:

☐ DOG

☐ CAT

☐ RABBIT

☐ HAMSTER/GUINEA PIG

☐ FERRET

☐ OTHER (Specify):

Name:

Breed (if applicable):

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:

Service Animal is vaccinated for Rabies:

☐ YES ☐ NO

Date of Vaccination:

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](#) certificate (if applicable).

## 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**.

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 **functional limitation** due to the disorder that **restricts the student's ability to perform** daily activities necessary to participate in **post-secondary studies**. Please verify disability status below:

☐ **Permanent, continuous disability condition:** Student experiences ongoing functional limitations that will impact the student over the course of their academic career and are unlikely to change.

☐ **Permanent, episodic disability condition:** Student experiences periods of good health, interrupted by periods of illness or disability over the course of their academic career.

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- ☐ **Persistent or prolonged disability condition:** These functional limitations are expected to last at least 12 months and is not a permanent disability. Student to be reassessed by:
- ☐ **Temporary disability condition:** These functional limitations are temporary, or the severity may change, and should be reassessed in the future. Student to be reassessed by:
- ☐ **Provisional disability condition:** I am still monitoring or assessing the student. Assessment is likely to be completed by:
- ☐ **No disability:** The symptoms do not constitute a medical condition, or the medical condition is non-disabling in the academic environment.

## Verification of Diagnosis

Before completing this section, please confirm on Page 1 of this form that the student has consented to the disclosure of their medical diagnosis. If the student consented, please specify their medical diagnosis using a clear diagnostic statement and any co-existing diagnoses. Avoid phrases 'suggests', 'is indicative of', etc.

Primary Diagnosis:  Date:

Secondary Diagnosis:  Date:

Additional Information:

## 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 related 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 are 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:

## 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.

**Name (please print):**

**Telephone:**

**Specialty:**

- ☐ Family Physician      ☐ Speech Language Pathologist
- ☐ Audiologist            ☐ Psychiatrist
- ☐ Psychologist           ☐ Nurse Practitioner
- ☐ Optometrist

**Registration Number:**

**Official Stamp:**

**Signature:**

**Date:**

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