

## ANIMAL HEALTH CERTIFICATE

### GUIDELINES FOR STUDENT AND VETERINARIAN

**Section 1-2: To be completed by Student;**  
**Section 3-4: To be completed by Veterinarian.**

Western University is committed to accessibility for persons with disabilities, as well as the health and safety of all individuals while on our campus. Accessible Education 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).

#### SECTION 1: STUDENT INFORMATION

Student information (please print)	
Last name:	
First name:	
Western ID number:	
Phone number (home/cell)	
Western e-mail address:	@uwo.ca

#### SECTION 2: APPLICANT INFORMED CONSENT AND AUTHORIZATION FOR THE PURPOSE OF VERIFICATION OF SERVICE ANIMAL

Completion of all sections listed below is voluntary. Applicants may also withdraw consent pertaining to any of the below at any time. NOTE: Should you elect not to provide your consent, you may forfeit your access to support services you require during your admission to Western University.

#### CONTACT WITH THE SERVICE PROVIDER:

By signing below, I give consent for Western University (Accessible Education) to contact the service provider who completed this form to discuss information provided in this document, if necessary, to clarify information regarding this application or if there are questions related to my application.

Student’s signature:	Date completed (DD/MM/YYYY):
----------------------	------------------------------

Applicant’s informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41. (1)(a), 41. (1)(b), and 41. (1)(c) allowing for the use of personal information and sections 42. (1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.

**TO BE COMPLETED BY REGISTERED VETERINARIAN**

Western University (Accessible Education) requires verification of the health of the service animal, which has been recommended by a licensed/registered health care provider. All documentation is kept strictly confidential and is not released without the applicant’s written consent.

**SECTION 3: INFORMATION REGARDING ANIMAL**

Information regarding animal (please print)	
Handler’s name:	
Animal type:	
Animal’s breed:	
Animal’s name:	

Date of initial contact with animal: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Date of last visit with animal: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

**SECTION 4: HEALTH OF ANIMAL**

1. Is the animal up to date with their rabies vaccinations?

- Yes
- No

Date of last vaccination: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

If no, please explain:

2. 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 assessment: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

3. 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

4. Please document any concerns you may have regarding the animals’ ability and capacity to be in a public environment for up to 8 continuous hours per day (temperament, behaviour, sterilization, etc.):

### CERTIFICATE OF VETERINARY PROFESSIONAL

*Documentation completed by a relative of the applicant 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 above.*

<b>Veterinarian’s Name (please print):</b>	<b>Name of Practice/Clinic/Hospital:</b>
<b>Veterinarian’s Signature:</b>	<b>Address:</b>
<b>Veterinarian’s License/Registration #:</b>	<b>Phone #:</b>
<u>Affix card here or office stamp</u>	<b>Fax #:</b>
	<b>Date Completed:</b>  ____/____/____ (DD/MM/YYYY)