

## SERVICE ANIMAL VERIFICATION CERTIFICATE

### GUIDELINES FOR STUDENT AND ATTENDING HEALTH CARE PROFESSIONAL

**Section 1-3: To be completed by Student;**

**Section 4-7: To be completed by Attending Health Care Professional.**

The Service Animal Verification Form provides verification for the need of a service animal on university campus.

#### SECTION 1: STUDENT INFORMATION

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

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

Completion of all sections listed below is voluntary. Applicant 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.

##### **AUTHORIZATION TO MY ATTENDING HEALTH CARE PROFESSIONAL TO COMPLETE THIS FORM:**

By submitting this form, I authorize the attending health care professional named in this form to complete the Service Animal Verification Certificate and disclose information concerning myself to Accessible Education, at Western University.

##### **CONTACT WITH MY ATTENDING HEALTH CARE PRACTITIONER:**

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 functional limitations or if there are questions related to my application.

Student's signature:	Date completed (DD/MM/YYYY):
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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 STUDENT**

**SECTION 3: ANIMAL INFORMATION**

Animal information (please print)	
Animal type:	
Animal breed:	
Animal name:	

1. List the types of assistance your service animal provides in relation to your disability:

2. Do you have alternative solutions to aid in accessing services, should your service animal not be available?

- Yes
- No

Please describe:

3. Will your service animal be with you at all times while on University Campus?

- Yes
- No

If no, what is your plan to care for the service animal while not under your supervision?

Emergency Contact & Alternate Caregiver for Animal*	
Name:	
Address:	
Phone number:	

\*Alternate caregiver must be able to attend the campus within 30 minutes notice.

### **TO BE COMPLETED BY ATTENDING HEALTH CARE PRACTITIONER**

Western University (Accessible Education) requires verification of the need for a service animal by a licensed/registered health care provider, who has in-depth knowledge of the student’s condition and is able to prescribe a service animal. All documentation of the student’s disability is kept strictly confidential and is not released without written consent.

#### **SECTION 4: VERIFICATION OF DISABILITY**

1. Does your patient have a disability-related need for a service animal as defined by AODA?

- Yes
- No

2. Describe how the service animal enables access to the academic environment specific to the verified disability:

3. In what situations would your patient require the service animal (check all that apply):

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom / Lectures</li> <li><input type="checkbox"/> Office / Workspace Environment</li> <li><input type="checkbox"/> Tutorials</li> <li><input type="checkbox"/> Labs</li> <li><input type="checkbox"/> Exams / Testing / Evaluation Situations</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Home/In Residence</li> <li><input type="checkbox"/> Meal Times / Personal Care</li> <li><input type="checkbox"/> Meetings</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|---|---|

#### **SECTION 5: ASSESSMENT INFORMATION**

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

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

## SECTION 6: ADDITIONAL INFORMATION (OPTIONAL)

**Please note:** if there are any **accommodation needs** to support accessibility with a service animal, please complete a disability certificate that aligns with the applicant’s underlying disability or disabling condition and associated functional limitations. Students should contact Accessible Education for the documentation that applies to their situation.

Please list the functional restrictions and/or limitations your patient is experiencing, or any additional information for Western University to consider in supporting your patient:

## SECTION 7: CERTIFICATE OF ATTENDING HEALTH CARE PRACTITIONER

*Under Accessibility for Ontarians with Disabilities Act ON Reg 191/11, sec. 80.45 (4), 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 relating to the person’s disability, as a result of visual indicators such as the vest or harness worn by the animal, or*
- *the person provides documentation from one of the following regulated health professionals confirming that the person requires the animal for reasons relating to the disability.*

*Please check all that apply to you:*

- Member of the College of Audiologists and Speech-Language Pathologists of Ontario*
- Member of the College of Chiropractors of Ontario*
- Member of the College of Nurses of Ontario*
- Member of the College of Occupational Therapists of Ontario*
- Member of the College of Optometrists of Ontario*
- Member of the College of Physicians and Surgeons of Ontario*
- Member of the College of Physiotherapists of Ontario*
- Member of the College of Psychologists of Ontario*
- Member of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*

### CERTIFICATE OF ATTENDING HEALTH CARE PRACTITIONER

I certify with my signature below that, in my professional opinion, the student named in Section 1 requires a service animal to support functional limitations of a condition while attending Western University.

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