



## Service Animal Documentation

### Registration Form

#### Guidelines for completion of this applicant package:

The Brock University Service Animal Documentation Package should be completed by students and employees seeking accommodation for a service animal in non-public areas on all Brock University campuses.

The package includes completion of 3 parts: the Service Animal Registration form, the Healthcare Provider form (Appendix A), and the Veterinarian form (Appendix B).

Completed applications should be submitted to Student Accessibility Services (students) or Health Management and Wellness (employees).

#### **Student Accessibility Services**

ST 400 - 1812 Sir Isaac Brock Way  
St. Catharines, ON, L2S 3A1  
Fax: 905-688-7260  
Phone: 905-688-5550 ext. 3240  
Email: [asksas@brocku.ca](mailto:asksas@brocku.ca)

#### **Health Management and Wellness**

ST 1103 - 1812 Sir Isaac Brock Way  
St. Catharines, ON, L2S 3A1  
Fax: 905-688-8481  
Phone: 905-688-5550 ext. 4327  
Email: [employeehealth@brocku.ca](mailto:employeehealth@brocku.ca)

#### Guidelines for completion of this form:

The Service Animal Registration Form provides information regarding the applicant, service animal, and handler responsibilities. It is to be completed by the applicant.

#### **Section 1: Applicant Information**

Full name:

Date of birth:

Phone number:

Brock University ID (*Student or Employee Number*):

Brock email address:

#### **Section 2: Service Animal Information**

1. Please provide the following details about the service animal

Animal name:

Animal type:

Animal Ontario, Municipal, or Regional By-Law license number:

2. Do you have alternate accommodations to support campus participation should your service animal not be available?

Yes

No

If yes, please describe:

3. Will your service animal always be with you while on University campus?

Yes

No

If no, please describe the alternative care plan for your service animal.

4. Please provide alternate caregiver contact in the event of emergency.

Emergency contact name:

Phone number:

Address:

5. Is your animal a service animal-in-training?

Yes

No

If yes, please provide documentation from an Accredited Training Organization verifying:

- a) the handler will be working with the animal requested on this form;
- b) the animal-in-training is trained for purposes of becoming a service animal;
- c) insurance confirmation from the Accredited Training Organization, which indicates the Service Animal-In-Training and Handler are covered under its commercial general liability policy.

### **Section 3: Owner/Handler Acknowledgment of Responsibilities**

As an owner/handler, I understand that I will:

- a) ensure that the Service Animal, or Service Animal-in-Training is in close proximity to me and under my direct control at all times through the use of a leash or other appropriate means, unless being unrestrained is necessary to perform their identified tasks or functions;
- b) ensure that the Service Animal or Service Animal-in-Training is visibly identifiable as a Service Animal or Service Animal-in-Training, and is wearing tags, as appropriate, demonstrating up-to-date vaccinations and proper licensing as required by Ontario law and/or city by-law;
- c) carry appropriate documentation relating specifically to the Service Animal, or Service Animal-in-Training, including the Brock identification card (if applicable);
- d) ensure that the Service Animal or Service Animal-in-Training is in good health, has been regularly examined by a veterinarian, and has an appropriate preventative medicine program (i.e. immunization, parasite control, etc.);
- e) be responsible for the behaviour, welfare, and management of the Service Animal or Service Animal-in-Training, including the care and maintenance of the health and safety of the animal, including, but not limited to, keeping the animal groomed and clean at all times, ensuring sufficient food and water, ensuring the appropriate size of the crate/cage (if applicable), providing bathroom and exercise breaks in a timely manner;
- f) clean up after my Service Animal or Service Animal-in-Training and dispose of waste in the appropriate receptacle;
- g) be responsible for the cost of repairing or replacing any damage caused by the Service Animal or Service Animal-in-Training;
- h) promptly remove the Service Animal or Service Animal-in-Training if the animal is causing disruptions or presenting an unmanageable threat to the health and safety of the work or learning environment and be responsible for the cost of any such removal.

### **Section 4: Environmental Considerations**

I understand that Service Animals and Service Animals-in-Training are excluded by law from the following areas and in the following circumstances:

- a) Restricted areas: areas where research animals are handled, and laboratories where biological, radioactive, and/or chemical materials are stored, used or processed,
- b) Food areas: in accordance with the Health Protection and Promotion Act, animals are prohibited from entering rooms where food is manufactured, prepared, processed, handled, served, displayed, stored, sold or offered for sale, with the exception of Service Animals which may be in an area of the food premise where food is served, sold or offered for sale.
- c) Restricted breeds: some municipal by-laws restrict certain breeds of animals or dogs from the municipality and these by-laws apply even if the animal is acting as a Service Animal or Service Animal-in-Training.

- d) Unmanageable health and safety threat: If a Service Animal or Service Animal-in-Training is determined by the University to pose an unmanageable threat to the health and safety of University members, the University may require the owner/handler remove the animal from University property, restrict access to Campus, or impose conditions on the animal's continued presence.

Applicant signature:

Date:

**Privacy Information:**

Brock University protects your privacy and your personal information. The information requested on the form is collected under the authority of the Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information collected will be used for the purpose of administering your service animal registration. Direct any questions about this collection to the Manager, Student Accessibility Services at 905-688-5550 ext. 3427 (students) or the Manager, Health Management and Wellness at 905-688-5550 ext. 4327 (employees).



## **Appendix A: Service Animal Documentation**

### **Healthcare Provider Form**

The Healthcare Provider Form provides confirmation for the need of a service animal on all University campuses.

#### **Guidelines for completion of this form:**

Sections 1 and 2 are to be completed by the applicant. Section 3 of this form is to be completed by a regulated health professional who knows you well, is making the recommendation within their scope of practice, and is a registered Audiologist, Chiropractor, Nurse Practitioner, Occupational Therapist, Optometrist, Physician, Physiotherapist, Psychologist or Psychotherapist able to verify the need for a service animal as outlined in the Accessibility for Ontarians with Disabilities Act (AODA) O. Reg. 191/11, section 80.45(4).

#### **Section 1: Applicant Information (to be completed by the applicant)**

Full name:

Date of birth:

Phone number:

Brock University ID (*Student or Employee Number*):

Brock email address:

#### **Section 2: Authorization for release of information**

By signing below, I consent to allow the healthcare provider completing this form to provide information to Brock University regarding functional impact for the purpose of assessing and administering service animal registration.

I give consent for Brock University Student Accessibility Services or Health Management and Wellness to contact the healthcare provider who completed this form, if necessary, to clarify information regarding functional limitations or where there are questions related to my application.

I understand that all information in this form will be treated in a highly confidential manner and only information regarding limitations and recommended accommodations will be shared outside of the Student Accessibility Services/Health Management and Wellness unless required by law. I agree that facsimile copies or photocopies of this form and any related documents will be considered as valid, original copies.

Applicant signature:

Date:

**Section 3: Disability Verification (to be completed by the healthcare provider)**

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

Yes

No

2. Please describe the duration of the disability:

The applicant has a **permanent or persistent and prolonged disability** with an ongoing need for a service animal.

The applicant has a **short-term, temporary** disability. Service animal accommodation is recommended from:

Start date (YYYY/MM/DD):

End date (YYYY/MM/DD):

3. Describe the task(s) the service animal is trained to complete in support of the applicant’s disability-related functional impact in the university environment.

**Professional Information:**

Name of healthcare professional (please print):

Official Stamp:

License/Registration number:

Regulatory College:

Signature:

Date:

**Privacy Information:**

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## Appendix B: Service Animal Documentation

### Veterinarian Form

The Service Animal Veterinarian Form verifies the service animal's health status and confirms the animal does not pose any undue health risk to the public while on all Brock University campuses.

#### Guidelines for completion of this form:

Section 1 is to be completed by the applicant. Section 2 of this form is to be completed by a licensed veterinarian who has assessed and is familiar with the service animal.

#### Section 1: Applicant Information (to be completed by the applicant)

Full name:

Date of birth:

Phone number:

Brock University ID (*Student or Employee Number*):

Brock email address:

#### Section 2: Service Animal Information (to be completed by the veterinarian)

##### 1. Animal Information

Animal name:

Animal type:

Animal breed:

Date of last wellness check:

##### 2. Is the service animal healthy and able to attend public spaces within a university campus?

Yes

No

##### 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. Describe the service animal's ability, tolerance and capacity to be in a public environment to support task completion, including duration, environmental considerations, and temperament.

5. Please attach a copy of the vaccination record with this form.

**Professional Information**

Name of healthcare professional (please print):

Official Stamp:

License/Registration number:

Regulatory College:

Signature:

Date:

**Privacy Information**

Brock University protects your privacy and your personal information. The information requested on the form is collected under the authority of the Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information collected will be used for the purpose of administering your service animal registration. Direct any questions about this collection to the Manager, Student Accessibility Services at 905-688-5550 ext. 3427 (students) or the Manager, Health Management and Wellness at 905-688-5550 ext. 4327 (employees).