



Department of
Human Resources

Service Animal Documentation Form

A **Service Animal** is defined by the AODA as an animal that is used by a person with a disability for reasons directly related to that disability (AODA, Reg 191/11, Sec. 80.45)

Note: An **Emotional Support Animal** that solely provides comfort and security unrelated to the functional impacts of the disability is not recognized under the law and has no legal entitlements.

TO BE COMPLETED BY THE APPLICANT

Name: _____

Employee Number: _____

Trent Email: _____

Phone Number: _____

Office Location: _____

Animal Information:

Animal Name: _____

Animal Type: _____

Animal Breed: _____

Has the animal received any training as a service animal: Yes

No

Please list the types of assistance your service animal provides in relation to your disability:

Will your service animal be with you at all times while on campus: Yes

No

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

Emergency Contact for Alternate Caregiver for Animal:

Name: _____

Address: _____

Phone Number: _____

TO BE COMPLETED BY THE 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:

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

Based on your assessment, does this person have a disability-related need for a Service Animal as defined by the AODA:

Yes

No

Please indicate what specific activity the Service Animal will perform. Check all that apply:

Visual impairment (legally blind) requiring a guide dog:

- A guide dog essentially becomes the eyes for the visually impaired person and, therefore, performs myriad tasks. Some tasks are very complex and specialized, such as navigating a busy city sidewalk, crossing streets only when safe to do so, helping guide a person up a set of stairs, opening doors, and finding objects.

Hearing impairment to such a degree that the person requires a Service Animal to do similar tasks to those listed:

- Alert handler to name being called
- Alert handler to the phone ringing
- Alert handler to oncoming cars
- Alert handler to any potential dangers
- Alert handler to the presence of others

Mobility limitations to such a degree that the person requires a Service Animal to do similar tasks to those listed:

- Retrieving dropped items
- Holding items
- Carrying items to another room
- Placing items on the counter at the cash register
- Opening/closing doors
- Fetching a cane, walker or other equipment
- Assisting the handler to get up from a chair or the floor
- Turning lights on and off
- Assisting with the transfer from a wheelchair to a chair (as in a lecture hall)
- Reaching for items from a shelf or shopping cart
- Answering a phone when it rings
- Alerting others in the event of an emergency
- Alerting handler to hazards such as steps, curbs, potholes or other obstacles
- Fetching medications if needed
- Assisting with stairs
- Assisting with ambulation
- Retrieving a purse, wallet, backpack or travel bag
- Carrying mail
- Carrying an item to another person
- Pulling or maneuvering a wheelchair
- Assisting with a shopping cart or basket
- Pushing handicap or elevator buttons
- Safely maneuvering handler in a parking lot
- Assistance in a public restroom
- Putting away an item
- Emergency body pull

Medical conditions where a person would benefit from a Service Animal that can alert the person of an impending event (e.g., seizure disorders, diabetes, cardiac rhythm disturbances, etc.). To better manage their condition and perform tasks such as:

- Alerting handler to changes in medical condition, such as low blood sugar, impending seizures or cardiac rhythm disturbances
- Fetch medication if needed
- Fetch the phone so the handler can call for help
- Alerting others to the need for assistance
- Reassuring handler during a medical crisis
- Watch over the handler until help arrives
- Assist handler in sitting or lying down in cases of impending medical crisis
- Assist handler in getting up from the floor or chair after a medical crisis

Psychological conditions where the person requires a Service Animal to assist them with daily living and managing their condition (e.g. Post-Traumatic Stress Disorder). A Service Animal may do similar tasks to those listed:

- Tactile stimulation; orienting handler to here and now
- Assist with locating keys or telephone
- Fetch medication if needed
- Brace or lean against the handler
- Assist handler in leaving a social situation, as with panic attacks
- Alert handler to the presence of other people
- Assist the handler in creating a safe personal space
- Assist handler in safely crossing the street
- Alert handler to changes in mood or mental status
- Buffer handler in crowded places

Neurological or Developmental Disorder where the person requires a Service Animal to regulate stimulation and interact with the environment

- Calming when agitated
- Preventing self-harming
- Facilitating social interactions

Additional Comments:

I certify that the Patient has a disability-related need for a Service Animal to aid with the day-to-day functional limitations relating to the disability.

**Office Stamp and/or Letterhead
(MANDATORY)**

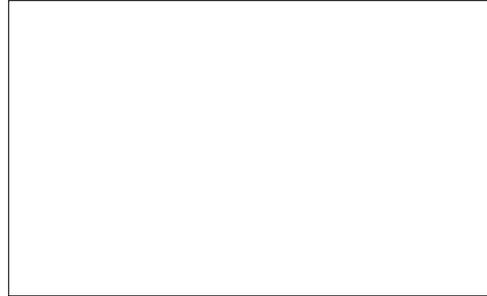
Signature: _____

Print Name: _____

Phone # _____

License/Registration #: _____

Date: _____



Service Animal Handler Agreement

I hereby acknowledge my responsibility as a handler of a Service Animal on campus and have reviewed the Pets & Service Animals on Campus Policy,

Employee Signature: _____

Date: _____