

The University of Guelph's **Student Accessibility Services (SAS) Service Animal Documentation Form** should be completed by the student and their regulated health care provider. The form collects information about the student and the service animal. All sections are required. Please read each section carefully before completing the form.

Section A	i) Student Information and Policies/Procedures ii) Service Animal Information	To be completed by the student
Section B	Disability-Related Functional Assessment	To be completed by a regulated Health Care Provider (see list of qualified practitioners on page 6)

Section A: To be completed by the student

i) Student Information and Policies/Procedures

Student Name: _____

Date of Birth: _____

U of G Student ID: _____

By submitting this form, I am acknowledging the following:

Animals on Campus Protocol:

The University of Guelph has a policy that explains how animals are managed on campus and provides a definition of a service animal as it applies to this protocol. Students who want to bring a service animal onto campus or into university buildings must register with Student Accessibility Services (SAS) and submit documentation that meets the University's requirements.

☐ I have read the University of Guelph's [Animals on Campus Protocol](#).

Contact with my Regulated Health Care Provider

I give Student Accessibility Services (SAS) permission to contact my regulated health care provider, if needed, to clarify information in this form. This may include my functional limitations, my need for a service animal, and how the service animal supports my access to the University.

☐ Yes

☐ No

Release of Information & Certification:

I give permission for my regulated health care provider to share information with Student Accessibility Services (SAS) about my disability, how it affects me, and my service animal.

By signing this form, I confirm that the information provided is accurate. Providing false information or not following the training and behaviour requirements may result in the University refusing permission for the service animal to be on campus.

Student Acknowledgement:

I understand that submitting this form is one step in the process of reviewing my request for disability-related accommodations, and that approval is not guaranteed. Decisions are based on how my disability affects me, whether the request aligns with my documented disability-related needs and the Animals on Campus Protocol.

I agree that, if my request is approved, information about my service animal may be shared with relevant University departments – such as Student Housing Services, the Campus Card Office, Campus Community Police, and the SAS Exam Centre – to help put approved accommodations in place.

I understand that I will be required to update the information on this form should my disability or my need for a service animal change, or should I acquire a new service animal.

☐ I would like to proceed with my Service Animal Documentation form submission.

ii) Service Animal Information

Please provide the following details about the service animal:

Animal name:	Animal species and breed:		
Colour/Identifying markers:		Weight (kg):	
Ontario, Municipal, or Regional By-Law license number:			

Date(s) of last vaccinations: _____ dd/mm/yyyy

- **All relevant species:** rabies
- **Dogs:** distemper, hepatitis, parvovirus and parainfluenza (DHPP); and leptospirosis (recommended but optional)
- **Cats:** feline leukemia virus, feline herpes, infectious enteritis; and calicivirus (recommended but optional)

1. Has the animal received training from either:

- An Accredited Training Organization indicating the animal has successfully completed Service Animal training?
- A recognized organization certifying that the animal has been trained to provide assistance for the particular disability?

☐ Yes

☐ No

If yes, please provide the relevant documentation from the organization with the submission of this form, as per Section 6.1.1 and 6.1.2 of the Animals on Campus Protocol. Section B is not required if this documentation is submitted.

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

☐ Yes ☐ No

If yes, please describe the other SAS approved accommodations.

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

☐ Yes ☐ No

Student Signature

Date

Section B: To be completed by a regulated Health Care Provider

As per the [U of G Animals on Campus Protocol](#), this section of the documentation can be completed by a member of a regulated College in Ontario of one of the following professions: Audiologists and Speech–Language Pathologists, Chiropractors, Nurses, Occupational Therapists, Optometrists, Physicians and Surgeons, Physiotherapists, Psychologists, Psychotherapists and Mental Health Therapists.

This section is not required if the student provides documentation from an accredited training organization or a recognized certifying body confirming that the service animal has been trained to assist with the student’s disability, in accordance with Sections 6.1.1 and 6.1.2 of the Animals on Campus Protocol.

Health Care Provider Name: _____

Regulatory College/Professional Designation: _____

Office address and phone (office stamp) (MANDATORY)

Registration Number:

Health Care Provider Signature: _____

Date: _____

☐ I am acknowledging that they have a diagnosed condition that is disabling, and it is not a short-term common illness such as the flu or a routine experience such as stress. The information provided here represents my clinical assessment of the student.

OR

☐ I am acknowledging that it is outside the scope of my practice to diagnose a condition that is disabling. However, I am well suited to provide information about the disability-related functional limitations experienced by the student based on my professional qualifications and clinical assessment of the student.

i) Disability Information

Use the scale below to identify the duration that the student's disability will impact their functional limitations in the university's academic environment using the boxes below.

Permanent	Ongoing (chronic or episodic) symptoms that will impact the student over the course of their academic career (4-5 years) and/or is expected to remain throughout their life.
Persistent/ Prolonged	Ongoing symptoms that have lasted or are expected to last at least 12 months but is not a permanent disability.
Temporary/ Provisional	With an anticipated duration. If disability is still being assessed or duration is unknown, indicate a reasonable duration for which the student should be accommodated (i.e., number of weeks, months, or end of term).

Please provide a clear Disability-type/Diagnosis and include the DSM code if relevant; ONE diagnosis per box. If the student has not consented to share their diagnosis, this section can indicate the general type of disability (i.e. mental health disability).

Primary Disability

Disability-Type or Diagnosis (including DSM-5 code if relevant)		Date of Diagnosis	Diagnosing Professional	
			Me:	Other (provide name):
Duration (check one)	Permanent	Persistent/ Prolonged	Temporary (reasonable duration for accommodations)	
			From: dd/mm/yyyy	To: dd/mm/yyyy

Secondary or Co-Morbid Disabilities (if applicable)

Disability-Type or Diagnosis (including DSM-5 code if relevant)		Date of Diagnosis	Diagnosing Professional	
			Me:	Other (provide name):
Duration (check one)	Permanent	Persistent/ Prolonged	Temporary (reasonable duration for accommodations)	
			From: dd/mm/yyyy	To: dd/mm/yyyy

ii) Service Animal Information

As per the [U of G Animals on Campus Protocol](#), a service animal is defined as any animal trained to do work or perform tasks for the benefit of an individual with a disability based on the functional limitations of the disability (in addition to being readily identified as one and providing documentation from a regulated health professional).

1. Based on your assessment, does the student have a disability-related functional impact requiring a service animal?

☐ Yes ☐ No

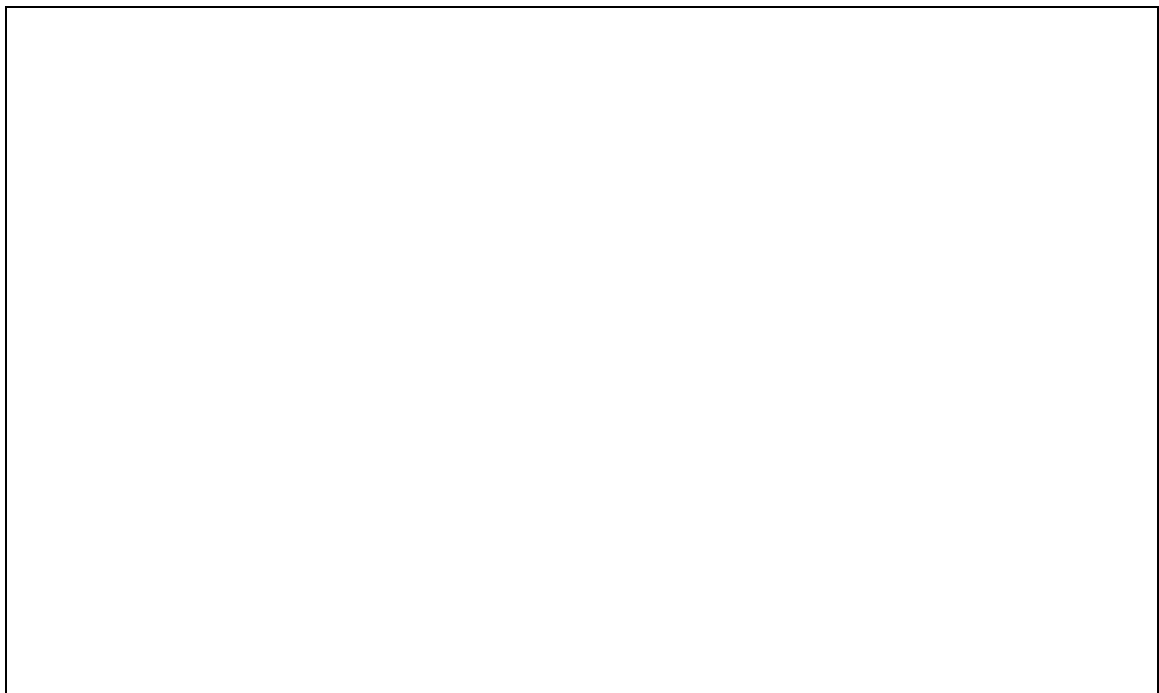
If so, please elaborate on the functional impacts of the disability (i.e. physical, cognitive, behavioural, etc.) as it relates to the student's daily living activities including access to U of G campus and education:

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2. Indicate the tasks or functions the animal will perform, as it relates to the functional impacts of the student's disability. Be as specific as possible.

Examples:

- Guiding a student with vision loss around obstacles and safely across streets
- Alerting a student with hearing loss to alarms, approaching vehicles, or someone calling their name
- Assisting a student with mobility limitations by retrieving items, opening doors, supporting transfers, or maneuvering a wheelchair
- Alerting a student to medical changes such as low blood sugar or an impending seizure and seeking help when needed
- Supporting students with psychological, neurological, or developmental conditions through fetching medication when needed, alerting students to changes in mood or mental status, calming or grounding when agitated or distressed, or interrupting harmful behaviours



3. Is this recommendation consistent with your scope of practice as defined by your profession's regulatory college (i.e. connected to a diagnosis or area of treatment you are legally permitted to offer in Ontario?)

☐ Yes ☐ No

4. Please indicate under what circumstances the Service Animal is required:

- | | |
|--|--|
| <input type="checkbox"/> At all times | <input type="checkbox"/> In a residence room |
| <input type="checkbox"/> During mealtimes | <input type="checkbox"/> During lectures or seminars |
| <input type="checkbox"/> During testing situations | <input type="checkbox"/> During labs |
| <input type="checkbox"/> During work placements | |

5. Please describe any circumstances in which the student does not require constant or immediate access to the service animal during an episode or flare-up of disability symptoms (e.g. Is the student able to return to a residence setting during a panic attack in a large crowd if the animal is not immediately present?)

6. Have you reviewed with the student any potential risks that might be associated with bringing the service animal into a wide variety of public settings?

Examples:

- Loud or crowded environments, and places where there is a significant amount of noise, activity or novel stimuli
- Encountering people who are afraid of the animal
- Situations where the animal draws unwanted attention
- Times when the animal behaves inappropriately
- What will happen in emergencies and inclement weather
- Moments when the animal (or its welfare) are inconvenient

☐ Yes ☐ No

7. Is the student adequately equipped (emotionally, psychologically, physically and socially) to manage the behaviour of the service animal and any reasonably foreseeable responses from the public to the service animal's behaviour/presence?

☐ Yes ☐ No

Documentation Submission Instructions:

Students should submit all pages of this form as a single PDF. Students can:

- Upload the PDF directly to the student portal when applying to register with SAS, or
- Email it to sas@uoguelph.ca after completing the application

Contact Information:

Student Accessibility Services (SAS)

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