

Service Animal Recommendation

This form is to be completed by a regulated health professional who is eligible to practice in Ontario and recommend a service animal under the *Accessibility for Ontarians with Disabilities Act*. At the University of Guelph, students are asked to present this information to Student Accessibility Services and employees to Occupational Health and Wellness.

Person with a Disability

Student/Employee's Name (Please Print)	UofG ID Number
Date of Birth (month, day, year)	Telephone Number
Service Animal	
Animal's Name	Animal's Date of Birth or Approximate Age
Species	Approximate size
Colour(s) or Identifying Characteristics	
Regulated Health Professional	
Name (Please print)	Regulatory College
	Office Stamp (Address, Phone Number)
Registration Number	
Professional Considerations	
1. Is this person a patient you have assessed? □ Yes □ No	
2. What general type of disability does the person experience (not necessarily diagnosis): e.g. vision, hearing, mental health, medical condition, etc.?	
3. What activities is the person unable to do without the use of their service animal?	

- 4. What functions does the service animal provide?
- 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
- 6. Have you reviewed with the patient any potential risks that might be associated with bringing the animal into a wide variety of public settings? □ Yes □ No Examples include:
 - 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
 - o Moments when the animal (or its welfare) are inconvenient
- 7. Is the patient adequately equipped (emotionally, psychologically, physically and socially) to manage the behaviour of the animal and any reasonably foreseeable responses from the public to the animal's behaviour/presence? □ Yes □ No
- 8. Is there anything else we need to know?

The individual named above has a <u>medical condition that is disabling</u>, and it is not a short-term, common illness or a routine experience such as stress.

I have answered all of the questions in this document based on my clinical assessment and recommend the service animal described above.

Health Professional's Signature

Date

I have read and understood all of this information, and I have participated in the assessment in good faith.

Student/Employee's Signature