

SERVICE ANIMAL RECOMMENDATION

This form is to be completed by an appropriate licensed medical professional (e.g. family doctor, psychiatrist, psychologist or psychological associate) who is eligible to practice in Ontario and recommends a service animal under the *Accessibility for Ontarians with Disabilities Act*. At UOIT, all sections of the form must be completed carefully and objectively to ensure accurate assessment of the student’s disability-related needs and are asked to present the information to Student Accessibility Services.

STUDENT INFORMATION			
First Name:		Last Name:	
Date of Birth: (dd/mm/yyyy)		Student Number:	

SERVICE ANIMAL INFORMATION			
Animal’s Name		Animal’s Date of Birth or Approximate Age	
Species		Approximate Size & Weight	
Identifying Characteristics			

PROFESSIONAL CONSIDERATIONS
1. Is this individual a patient you have assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. What type of disability does this person experience (not necessarily diagnosis): e.g. vision, hearing, mental health, medical condition, etc.?
3. What activities does the individual have difficulty or is unable to perform without the use of their service animal?

4. What functions does the service animal provide?

5. 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 of any potential risks that might be associated with bringing the animal into various public spaces? 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
- Moments when the animal (or its welfare) are inconvenient

7. Is the patient adequately equipped emotionally, psychologically and socially to manage the behavior of the animal and any reasonably foreseeable responses from the public to the animal's behavior/presence? Yes No

8. Is there anything else we need to know?

The student named in this document has a medical condition that is disabling, and 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.

CERTIFICATE OF AUTHORIZED PROFESSIONAL		
Full Name:		Office Stamp / Business Card
Position:		
Employer:		
Designation:		
Registration #:		
Email Address:		
Phone Number:		
Signature:		
Date:		

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

STUDENT AGREEMENT	
Signature:	
Date:	