

SERVICE ANIMAL VERIFICATION REQUEST FORM

Section 1-3: To be completed by Applicant (which may be a student, staff, or faculty member)

Section 4-7: To be completed by Attending Health Care Professional. The Service Animal Verification Form provides verification for the need of a service animal on the University campus.

Please return this completed form to the Responsible Office: See page 5.

TO BE COMPLETED BY APPLICANT

SECTION 1: Applicant Information

Applicant Information (please print)	
Last name:	
First name:	
UWindsor ID number: (Student or Employee ID)	
Phone number (home/cell/work ext.)	
UWindsor e-mail address:	@uwindsor.ca

SECTION 2:

Applicant Informed Consent and Authorization for the Purpose of Verification of Service Animal

Completion of all sections listed below is voluntary. Applicant may also withdraw consent pertaining to any of the below at any time. **NOTE:** Should you elect not to provide your consent, you may forfeit your access to the support services you require during your admission to/employment with the University of Windsor.

Authorization to my Attending Health Care Professional to Complete this Form:

By submitting this form, I authorize the attending health care professional named in this form to complete the Service Animal Verification Request Form and disclose information concerning myself to the Responsible Office and the Office of Human Rights, Equity and Accessibility at the University of Windsor.

Contact With My Attending Health Care Practitioner:

The Responsible Office at the University of Windsor may need additional clarification from the service provider who completed this form regarding functional limitations or to address any questions related to my application or the information provided.

☐ I give consent to the University of Windsor to contact my service provider.

☐ I do not give consent to the University of Windsor to contact my service provider. I agree to contact my service provider to obtain the information required by the University. I understand that my application may not be processed until all the required information has been submitted.

Service Animal Handler Agreement

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

Applicant's signature:	Date completed (DD/MM/YYYY):
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Applicant's informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.

TO BE COMPLETED BY APPLICANT

SECTION 3: Animal Information

Animal Information (please print)	
Animal type:	
Animal breed:	
Animal name:	
Tag ID # (if applicable)	

1. List the types of assistance your service animal provides in relation to your disability. (Note: Applicants are not required to disclose their diagnosis):

2. Will your service animal be with you at all times while on University 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:	

*Alternate caregiver must be able to attend the campus within 30 minutes notice.

TO BE COMPLETED BY ATTENDING HEALTH CARE PRACTITIONER

The University of Windsor (Student Accessibility Services, Human Resources, or the Academic Labour Relations) requires verification of the need for a service animal by a licensed/registered healthcare provider, who has in-depth knowledge of the applicant's condition and is able to prescribe the use of a service animal. This form is not to identify a specific disability but only as a verification of a disability that requires the support of a service animal.

SECTION 4: Verification of Disability

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

☐ Yes

☐ No

2. Describe how the service animal enables access to the academic/employment environment specific to the verified disability:

3. In what situations would the applicant require the service animal (check all that apply):

☐ Classroom / Lectures

☐ Office / Workspace Environment

☐ Tutorials

☐ Labs

☐ Exams / Testing / Evaluation Situations

☐ Home / In Residence

☐ Mealtimes / Personal Care

☐ Meetings

☐ Other: _____

SECTION 5: Assessment Information

Date of initial contact with individual:

Date: ____/____/____ (DD/MM/YYYY)

Date of last visit with individual:

Date: ____/____/____ (DD/MM/YYYY)

SECTION 6: Additional Information to Support Request for a Service Animal (Optional)

Please list the functional restrictions and/or limitations the applicant is experiencing, or any additional information for the University of Windsor to consider in supporting the applicant:

SECTION 7: Certificate of Attending Health Care Practitioner

Under Accessibility for Ontarians with Disabilities Act (AODA) 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:

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

CERTIFICATE OF ATTENDING HEALTH CARE PRACTITIONER

I certify with my signature below that, in my professional opinion, the applicant named in Section 1 requires a service animal to support functional limitations of a condition while attending the University of Windsor.

Note: The provider signing this form must be the same person answering the questions on the form above.

Practitioner Name (please print):	Name of Practice/Clinic/Hospital:
Practitioner Signature:	Address:
Practitioner License/Registration #:	Phone #: () -
<u>Affix card here or office stamp</u>	Fax #: () -
	Date Completed: ____/____/____(DD/MM/YYYY)

Submission of Completed Form:

Please submit the completed forms to the appropriate Responsible Office below.

STUDENTS submit forms to:

Student Accessibility Services

Dillon Hall (lower level)

University of Windsor

519-253-3000 x 6172

sas@uwindsor.ca

STAFF submit forms to:

Human Resources - Employee

Safety and Wellness

Chrysler Hall North G116

University of Windsor

519-253-3000 x4520

eswaccommodations@uwindsor.ca

FACULTY submit forms

electronically to:

Academic Labour Relations

University of Windsor

519-253-3000 x4191

acadlr@uwindsor.ca

Please note: Should you require this document in an alternative format, please contact the Office of Human Rights, Conflict Resolution and Mediation at hrcrm@uwindsor.ca or 519-253-3000 x 3400.