

Please contact asc@durhamcollege.ca if you require assistance to complete this form.

PART A: To be Completed by the Service Animal Partner

Service Animal Partner Information

Last Name: _____ First Name: _____

Date of Birth: _____ Student Number: _____

Address: Street Number: _____ Street Name: _____

City: _____ Province: _____ Postal Code: _____

Emergency Contact

Last Name: _____ First Name: _____

Phone Number: _____

Service Animal Information

Name of Service Animal: _____

Type/Breed: _____ Sex: _____ Age: _____

Distinguishing Markings or Features): _____

Outline of Service Animal Care and Needs:

Handling: _____

Food, treats, water: _____

Bathroom requirements: _____

Will your service animal be in a cage or crate?

If **Yes**, please provide details of cage/crate and how the transport of the cage/crate will be managed.

Please list other requirements that your service animal may need that we should be aware of:

Are there any health and safety concerns that we should be aware of for your service animal?

Is there any protective gear that your service animal will require that you will be responsible for providing?

Please provide the following documentation with this request form:

Proof of updated vaccinations including rabies from veterinarian within last 12 months

Statement of good health from veterinarian within last 12 months

Proof of spaying/neutering

Proof of regular internal and external parasite control including fleas, roundworms and hookworms), and that animal is currently free of any of these parasites

Certified training/accreditation documentation for animals not in a cage/crate.

Completed Regulated Health Professional "RHP" Questionnaire (attached)

Service Animal Emergency Contact (if different than Partner Emergency Contact):

Last Name:

First Name:

Phone Number:

I hereby certify that the information on this form and the attached required documentation is to the best of my knowledge true and valid. I further certify that I have read Durham College's Policy and Procedures for Service Animals and understand and agree to follow them.

Service Animal Partner:	
Signature:	Date yyyy-mm-dd):

To be Completed by Durham College Administration

Dean, Students	
Signature:	Date yyyy-mm-dd):

Notice of Collection: In accordance with Section 39 2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for processing requests for service animals on campus. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.

PART B: To be Completed by the Regulated Health Professional

Regulated Health Professional “RHP” is as defined under the **Accessibility for Ontarians with Disabilities Act** “AODA” and can also be found in Durham College’s Policy and Procedures for Service Animals.

I hereby authorize my treating Regulated Health Professional “RHP”, by completing and signing this form, **to release the medical/functional information below pertaining to my current medical requirement for a service animal** to Durham College. This information provided is for the purpose of determining my need for any accommodations pertaining to a service animal. I also certify that the information contained herein regarding my disability claim is true and correct. A photocopy of this is as valid as the original.

Service Animal Partner:	
Signature:	Date yyyy-mm-dd):

Attending Regulated Health Professional “RHP” to be completed only by the RHP

Is this person a regular patient of yours?

If Yes, how often have you seen this patient in the last two years?

If No, please provide the name and contact information of the previous specialist.

According to your diagnosis, does the patient require a service animal?

Type of Disability:

Nature of Illness/Injury: (disclosure of diagnosis is **not** mandatory)

What is the disability-related need for this service animal?

What work has the service animal been trained to perform to support the Service Animal Partner?

Will the service animal be participating in a work/field placement? Please provide any additional information that will be helpful.

Are there any health and safety restrictions that we should be aware of for the Service Animal and/or Service Animal Partner?

General Comments/Considerations:

Date of: First visit

Most recent visit

Planned follow-up

Regulated Health Professional "RHP"		RHP's Stamp
Name:		
Phone:	Fax:	
Address:		
Signature:		Date yyyy-mm-dd):

Confidential Fax To: Durham College, Human Resources Department 905-721-3134

Notice of Collection: In accordance with Section 39 2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for processing requests for service animals on campus. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.