



SERVICE ANIMAL REQUEST FORM

All information received will be used only for the purpose of supporting the service animal request.

SECTION A

To Be Completed By The Service Animal Partner

Service Animal Partner Information

Name:	LAST, FIRST	Student ID:			
Program:		Campus:	Brockville	Cornwall	Kingston
Date of Birth:	MM/DD/YYYY				
Address:	STREET NUMBER & NAME, APT NUMBER, CITY, PROVINCE, POSTAL CODE				
Phone:		Email:	@student.sl.on.ca		
Emergency Contact Name:					
Emergency Contact Phone:		Relationship to You:			

Service Animal Information

Name of Service Animal:					
Type/Breed:		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:
Distinguishing Markings/ Features:					

Documentation

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 (if animal is in residence)
- Proof of regular internal and external parasite control (including fleas, roundworms and hookworms), and that animal is currently free of any of these parasites
- Copy of required local municipal animal license
- Certified training/accreditation documentation for animals not in a cage/crate
- Completed Regulated Health Professional Medical Requirements Questionnaire (attached)

Outline of Service Animal Care and Needs

Handling:

Bathroom requirements:

Will your service animal be in a cage or crate?	Yes	No
If Yes, please provide details of cage/crate, and how the transport of the cage/crate will be managed.		

Other Requirements – 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?	Yes	No
If Yes, please provide details.		

Is there any protective gear that your service animal will require that you will be responsible for providing?	Yes	No
If Yes, please provide details.		

Emergency Contact Name and Phone Number for Service Animal, if different from Service Animal Partner's above:

Emergency Contact Name:		Emergency Contact Phone:	
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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 St. Lawrence College's Service Animals Policy, have signed the associated Contract for Service Animal and Partner, and understand and agree to follow both the Policy terms and the Contract.

Service Animal Partner's Signature:		Date:	
		MM/DD/YYYY	

St. Lawrence College maintains compliance with all privacy requirements; including the Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Personal Health Information Privacy Act (PHIPA). The Privacy Commissioner of Ontario can be reached at 1-800-387-0037. If needed, this information will be made available in alternative format upon request.

SECTION C
To Be Completed Only By A Regulated Health Professional*

* Regulated Health Professional "RHP" is as defined under the *Accessibility for Ontarians with Disabilities Act, Integrated Accessibility Standards, Part IV.2, Section 4(b)* ("AODA")

Regulated Health Professional Questionnaire Medical Requirements for the Use of a Service Animal

Is this person a regular patient of yours?	Yes	No
If Yes, how often have you seen this patient in the last two years?		

According to your diagnosis, does the patient require a service animal?	Yes	No
Type of Disability:	Illness	Injury
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?

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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:

Regulated Health Professional "RHP" (please print):		RHP's Stamp
Address:		
Phone:		
Fax:		

Signature:		Date:	MM/DD/YYYY
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