

SERVICE/SUPPORT ANIMAL: REQUEST FOR MEDICAL ACCOMMODATION

This form must be completed by a Regulated Health Professional

Dear Health Care Professional:

RE: _____
 (name of individual requesting accommodation)

The above-named student / employee has requested to have the following animal accompany him/her on campus as a service/support animal.

Dog []

Other [] - please specify _____

In accordance with Accessibility standards, the following information will allow us to to best accommodate your patient’s condition.

What service(s) will the animal perform?	
What restrictions or limitations to functional abilities does your patient have?	
How is the service/support animal necessary in the accommodation of the disability in the classroom or workplace setting?	
What is the expected duration of this accommodation?	

Signature of Health Care Professional: _____

Name (please print) _____

Registration Number _____

Date: _____