

**Employee Service Animal Agreement**

The success of the implementation of a Service Animal into a college setting depends on clear communication, a well-informed campus community and careful planning. As documented in the Ontario Regulation 191/11 of the Accessibility for Ontarians with Disabilities Act, 2005, section 80.45 subsection 4 states

An animal is a service animal for a person with a disability if:

a) 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

b) 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:

- Member of the College of Audiologists and Speech-Language Pathologies of Ontario
- Member of the College of Chiropractors 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 Psychologist of Ontario
- Member of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario

Employee with a disability who rely on the support of a service animal and who requires academic accommodations are required to register with Cambrian's Human Resources department.

Should the employee need for a service animal not be clearly apparent in relation to the employee's disability, the employee must provide documentation outlining current functional limitations as they relate to the need for the service animal as an accommodation.

## Employee Responsibilities for Service Animal Agreement Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Type of Service Animal: \_\_\_\_\_

Date and type of last vaccines and veterinary examinations (*Documentation Required*):

Name and contact information of the organization that provided the animal with training:

Name and credentials of professional or evaluator:

Description of the individual's current functional limitations:

Specific tasks the service animal will perform to meet the needs of the individual or assist with the functional limitations:

## **Employee's Responsibilities for the Care of the Animal**

I understand that I am responsible for all management and care of my service animal, in accordance with the following:

- ☐ My service animal must be accompanied by myself at all times, and on a harness or leash. The exception to this is when I am in a location that prohibits animals. At such times, I must secure the animal in an appropriately-sized, well-ventilated crate that is nearby or provided to me;
- ☐ My service animal must be under my control at all times and compliant with any command made by me;
- ☐ Proof of service animal vaccination and up-to-date with checkups, proof of municipal licensing, and proof of training certification/identification is required;
- ☐ Any aggressive behaviour (e.g., barking, growling, biting) exhibited by my service animal will not be tolerated;
- ☐ My service animal must not engage in disruptive behaviours (e.g., grooming, interacting with others, interfering with personal items of others) and must not block aisles, passageways or emergency exits;
- ☐ I must ensure my service animal is housetrained and their physical needs are met (e.g., food, water, grooming, exercise breaks) and I am responsible for cleaning up any waste;
- ☐ I take responsibility and liability for all damage or injuries to persons caused by the service animal.

**If there is a breach of any of these responsibilities, Cambrian College may revoke the access of your service animal on property.**

Date \_\_\_\_\_ Employee Signature \_\_\_\_\_