

1_PHYSICIAN CONFIRMATION OF SERVICE DOG REQUIREMENT

Instructions to Applicant
<p>Please complete and sign sections 1 and 2 yourself.</p> <p>Please have your medical practitioner (doctor or nurse practitioner) complete sections 3 - 6.</p> <p>Send the completed form to us via email or postal mail.</p> <ul style="list-style-type: none"> Email: cabinreadycanines@outlook.com Mail: K-9 Country Inn Inc. 585367 County Rd 17, Melancthon, Ontario L9V 1Y9

Instructions to Physician or Nurse Practitioner
<p>Service dogs can provide essential mitigation for individuals living with disabilities. For our purposes, this refers to individuals who have received a diagnosis for a disability resulting from a developmental, physical, sensory, mental, or neurological condition or impairment, and/or a health condition that significantly impacts daily living activities. These activities may include, but are not limited to, eating, grooming, walking, interacting with others, and problem-solving.</p> <p>A service dog must be essential to an individual's ability to function in daily life and be present in most, if not all, environments to support a full and independent lifestyle.</p> <p>To clarify, a service dog is NOT:</p> <ul style="list-style-type: none"> A therapy dog that the dog owner takes on visits to people in institutions or in their homes, providing others with an opportunity to interact with a dog; or, An emotional support dog that provides only comfort and companionship to the dog owner.

1. Patient Name			
Legal Surname	Legal First Name	Legal Middle Name	
Mailing Address		City	Province
Postal Code		Date of Birth YYYY/MM/DD	



2. Patient's certification and consent to release Information

I certify that to the best of my knowledge, the information I have given to the physician or nurse practitioner completing this report is accurate and complete. I understand that inaccurate, incomplete, misleading, or false information may lead to the denial or cancellation of my guide dog or service dog privileges with Air Canada. I authorize the release of this medical report and all past or future reports pertaining to my requirement for a guide dog or service dog to assist me in daily living to Air Canada.

_____ Printed name of patient

_____ Patient's Signature

_____ Date Signed

3. Medical Practitioner Information

Please select one:

Nurse Practitioner

Examining Physician

Examination Date: _____

Legal Surname

Legal First Name

Mailing Address

City

Province

Postal Code

Phone number

Physician's or Nurse Practitioner's Signature

May use a rubber stamp for the name, address and telephone



4. Medical Information
Primary Diagnosis/Disability
Secondary Diagnosis (if applicable)
Is the patient's disability of a long-term duration, and are the symptoms of the disability stable? Briefly describe.

5. Professional Opinion
In your professional opinion, having reviewed the attached instructions and the list of common service dog tasks, does the patient have a diagnosed condition with symptoms that could be substantially mitigated with a fully trained service dog to assist them in daily living? Yes <input type="checkbox"/> No <input type="checkbox"/>
What tasks or behaviours could the applicants' service dog perform to mitigate aspects of their disability? Please refer to the list below for examples of tasks. List three tasks, and please remember the tasks chosen must specifically meet the needs of the patient's disability. 1. 2. 3. Tasks chosen can be related to multiple diagnoses (e.g. mobility and PTSD)



6. Common Service Dog Tasks

Hearing

- Alert handler to name being called
- Alert handler to phone ringing
- Alert handler to oncoming cars
- Alert handler to potential dangers
- Alert handler to the presence of others
- Other auditory support tasks (please explain)

Medical conditions such as seizure disorders, diabetes, cardiac rhythm disturbances, etc.

- Alert handler to changes in medical condition such as low blood sugar, impending seizures or cardiac rhythm disturbances
- Fetch medication if required
- Fetch the phone so the handler can call for help Alert others to the need for assistance
- Reassure the handler during a medical crisis
- Watch over the handler until help arrives
- Assist the handler in sitting or lying down in advance of an impending medical crisis
- Assist the handler in getting up from the floor or chair after medical crisis
- Other medical alert or response tasks (please explain)

Mobility – physical disability

- Retrieval of objects
- Hold items
- Carry items in a store or to another person
- Place items on the counter at the cash register
- Open/close doors
- Fetch a cane, walker or other equipment
- Assist the handler to get up from a chair or the floor
- Turn lights on or off
- Assist with the transfer from wheelchair to chair
- Reach for items from a shelf or shopping cart
- Answer the cell phone or retrieve the cell phone
- Alert others in the event of an emergency
- Alert handler to hazards such as steps, curbs, potholes, or other obstacles
- Fetch medications if needed
- Assist with stairs
- Assist with counterbalance
- Retrieve purse, wallet, backpack, or travel bag

- Carry objects
- Pull or maneuver a wheelchair
- Assist with a shopping cart or basket
- Push elevator/handicap door buttons
- Assist in a public restroom
- Other mobility task (please explain)

Psychological Conditions such as Post-traumatic Stress Disorder (PTSD) or other

- Provide tactile stimulation to orient the handler in the present
- Assist with locating keys or telephone
- Fetch medication if needed
- Open/close doors
- Fetch a cane or walker
- Turn lights on and off
- Grounding during disassociation
- Alert others in the event of an emergency
- Find an exit
- Find a person
- Block to create space in a crowd
- Anxiety alert
- Other psychological alerts (please explain)

Developmental - Developmental disability such as autism spectrum disorder

- Calm a child or adult when agitated
- Prevent the patient from self-harm
- Prevent a child from bolting
- Facilitate social interactions for the child
- Tactile grounding
- Other developmental support tasks (please explain)

7. Sample Physician's Letter

This letter must be written on the physician's letterhead. A prescription pad note will not be accepted.

To whom it may concern,

My patient _____ requires the use of a service dog to assist them with their disabilities. The service dog must always remain with the handler.

Sincerely,

Dr. _____

Date: _____

SAMPLE