

2_VETERINARY HEALTH EVALUATION

Instructions to Applicant
<p>This information will be used to determine eligibility for a service dog to travel on flights operated by Air Canada only. If you have any questions about this form, please contact the Dog Assessment Team at 1 (905) 801-5512 between 9 a.m. and 5 p.m. ET.</p> <p>K-9 Country Inn Inc. is committed to protecting the privacy and personal information of our clients, employees, and partners. We comply fully with the Personal Information Protection and Electronic Documents Act (PIPEDA) and ensure that all personal data is collected, used, stored, and disclosed in accordance with the principles of fair information practices outlined in the legislation.</p> <p>Please ensure all sections of this form are completed. Incomplete forms will not be accepted.</p> <p>Instructions: Please complete sections 1, 2 (if applicable), and 10 yourself Please have your veterinarian complete sections 3 - 9</p> <p>Please send the completed documents by email to cabinreadycanines@outlook.com (preferred) or mail to:</p> <p style="margin-left: 40px;">K-9 Country Inn Inc 585367 County Rd 17 Melancthon, ON L9V 1Y Attention: Air Canada Certification</p>

1. Applicant Information		
Legal Surname	Legal Given Name	Legal Middle Name
Mailing Address	City	Province
Postal Code	Date of Birth YYYY/MM/DD	
Phone Number	Email	



2. Parent/Guardian Information (if applicable)		
Legal Surname	Legal Given Name	Legal Middle Name
Mailing Address	City	Province
Postal Code	Date of Birth YYYY/MM/DD	
Phone Number	Email	

3. Dog information		
Name of guide or service dog	Date of birth YYYY/MM/DD <i>Note: All dogs must be a minimum of 18 months old</i>	
Colour and Markings	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Breed
Microchip number	Are your dog's vaccinations up to date? (rabies, distemper, parvovirus) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your dog been Spayed or Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dog's weight _____	

4. Previous Veterinarian Information (if applicable)
Please attach any supporting documentation, including spay/neuter, rabies, and health certificates.

5. Current Veterinarian Information			
Legal Surname		Legal Given Name	
Mailing Address	City	Province	Postal Code
Area code and Telephone number		Veterinarian Signature	
Office Stamp can be used			

6. Evaluation questions	
Health Evaluation Date	Are you the Primary Veterinarian?
YYYY/MM/DD	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did the applicant first access services at this clinic for this dog?	
YYYY/MM/DD	
Is the dog spayed or neutered?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the client received a copy of the spay or neuter certificate?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Is the service dog up to date on all core vaccinations, DA2PP, or DHPP?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Vaccination Date: YYYY/MM/DD
Are the service dog's rabies vaccinations up to date?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Vaccination Date: YYYY/MM/DD
Has the client received a copy of the rabies certificate?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. Behaviour Questions	Yes	No
Does the dog exhibit signs of or was diagnosed with any of the following?		
Aggression	<input type="checkbox"/>	<input type="checkbox"/>
Excessive fear reactions	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced prey drive	<input type="checkbox"/>	<input type="checkbox"/>
Resource guarding	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Major skeletal injury	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Vision loss	<input type="checkbox"/>	<input type="checkbox"/>
Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>

8. Veterinary Evaluation Question:

Having reviewed the information provided regarding the physical, sensory, and behavioural demands placed on a fully trained service dog, are you personally aware of any structural, medical, or behavioural conditions in this dog that may negatively impact its ability to safely and reliably perform tasks to mitigate aspects of the applicant's disability?

These tasks may include, but are not limited to:

- Mobility support (counterbalance, pulling a wheelchair)
- Retrieving items or operating devices (opening doors, turning on lights)
- Alerting to a medical event or environmental cues (seizures, low blood sugar, doorbells)
- Remaining calm, non-aggressive, and focused in public and private environments

Please elaborate if you have any concerns:

Having reviewed the information above, are you personally aware of any structural deficits or behavioural characteristics which may have a negative impact on the dog's ability to act as a fully trained service dog able to mitigate aspects of the disability of the applicant?

Yes No

Please add any other information you feel may be helpful.



9. Veterinarian Certification

I certify that to the best of my knowledge, the information provided above is accurate and complete.

Printed name of Veterinarian

Veterinarian's Signature

Date Signed

10. Applicant Certification

I certify that to the best of my knowledge, the information provided above 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 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

Printed name of Legal Guardian

Legal Guardian Signature

Date Signed