Service Animal Attestation - Employees:

# Animal Categorization:

|  |  |  |
| --- | --- | --- |
| The animal is a certified and trained ‘service animal’; please provide documentation of training. | YES | NO |
| **OR** | | |
| The animal is being used as a support animal and is not specifically trained as a ‘service animal’; please provide documentation from a regulated health professional to verify the need for accommodation. | YES | NO |

# General Information:

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| --- |
| Provide a summary of your limitations and restrictions as a function of a disabling medical condition or other [Ontario Human Rights Code](https://www3.ohrc.on.ca/en/ontario-human-rights-code) protected grounds.  Click or tap here to enter text. |
| What alternative solutions do you have to aid in accessing services, should your service animal not be available?  Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Will you be engaged in any off-campus placements or work sanctioned/organized by the College or as a requirement of your job responsibilities?  If yes, describe:  Click or tap here to enter text. | YES | NO |
| Will you be in areas that may pose health or safety risks for your animal (such as welding labs), or in areas that legally prohibit the presence of a service animal?  If yes, please explain:  Click or tap here to enter text. | YES | NO |

# In all cases:

|  |  |  |
| --- | --- | --- |
| Provide copy of recent immunizations and veterinary clearance | YES | NO |
| Provide copy of license if required by home municipality. | YES | NO |
| Confirm the animal is an adult animal that has been spayed or neutered | YES | NO |
| Provide proof of applicable local pet license (where required - Support dogs only) <https://niagaraspca.com/pet-licences/> | YES | NO |

# In consideration of my request to bring a service or support animal on campus, I hereby agree to all the following:

|  |  |
| --- | --- |
| I have read and fully understand the Niagara College’s policies regarding Animals on Campus, Academic Rights & Responsibilities, Student Code of Conduct, and Employee Code of Conduct. | INITIAL  Click or tap here to enter text. |
| I will work with Human Resources to create an Individualized accommodation plan. I will not bring my service/support animal to a work setting until Human Resources finalizes and approves my accommodation plan. |
| The animal will remain under my care and control at all times. If displaying aggressive or disruptive behaviours, I understand that I may be asked to remove my animal from any campus space |
| I will remain in close proximity to my animal at all times, but when this is not possible I understand that the animal must be crated or otherwise confined. |
| I will bear financial and legal responsibility for any damages to College property, or damage to another’s personal property, caused by my animal. This may include but is not limited to: additional cleaning, replacement or repair of flooring, and/or replacement or repair of furnishings or personal belongings. |
| I will bear liability for all injuries to persons caused by my animal. |
| I will provide timely water, food, and outdoor elimination breaks. |
| I will clean up and dispose of the animal’s waste in an appropriate and timely manner |
| My animal will be well groomed and in good health when I bring it on campus. |
| I will cooperate with investigations into allegations of animal abuse or neglect conducted by College staff or external authorities. |
| In the event of conflicting accommodations and health/safety concerns, I will work with manager and Human Resources (where required) to find an acceptable resolution. |

I have read and agree to the expectations outlined in this checklist and agree to abide by all the provisions of the Animals on Campus Policy & Procedure. I understand that any violation of this agreement may lead to disciplinary action and/or possible removal of the animal from Niagara College

Employee Name Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Consultant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_