

Protected B (when completed)

This information will be used for the purpose of determining eligibility for a Service Dog Team Identification Card as provided under the *Service Dogs Act*. The personal information provided on this form is collected under the authority of the *Service Dogs Act* and managed in accordance with the *Freedom of Information and Protection of Privacy (FOIP) Act*. Should you have any questions, contact the Service Dog Assessment Team at 780-427-9136 or at 12th Floor Telus House (South Tower) 10020 - 100 Street NW Edmonton T5J 0N3.

- Ensure that all sections of this form are completed.
- Do not leave blanks, as this form will not be considered if it is not completed fully.
- Direct any questions to: **Service Dog Assessment Team**
Email: servicedogs@gov.ab.ca
Phone: 780-427-9136

Instructions to Applicant

Please ask your veterinarians to complete sections 1-3.

Please complete and sign section 4 and send the completed report directly in one of the following ways:

- **Mail:** Service Dog Assessment Team, Community and Social Services, Service Dogs, 12th Floor Telus House (South Tower) 10020 - 100 Street NW, Edmonton, AB T5J 0N3
- **Email:** servicedogs@gov.ab.ca (email is the preferred option)

You will be responsible for any fees your doctor may charge for completing this form. If you are in receipt of provincial benefits, please speak to your case manager regarding subsidy.

Part 1: Applicant Information

Last Name		First Name		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Mailing Address			City or Town		Province
<input type="text"/>			<input type="text"/>		<input type="text" value="AB"/>
Contact Phone Number		Email Address			
<input type="text"/>		<input type="text"/>			

Parent/Guardian Information (if applicant is a minor)

Last Name		First Name		Relationship to Applicant	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Mailing Address			City or Town		Province
<input type="text"/>			<input type="text"/>		<input type="text" value="AB"/>
Contact Phone Number		Email Address			
<input type="text"/>		<input type="text"/>			

Part 2: Dog Information

Name of Service Dog			Dog's Date of Birth		Year	Month	Day
<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender		Breed		Microchip Number			
<input type="radio"/> Female <input type="radio"/> Male		<input type="text"/>		<input type="text"/>			
Are you the primary veterinarian for this dog? <input type="radio"/> Yes <input type="radio"/> No							
When did the applicant first access services at this clinic for this dog?							
Year	Month	Day					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Have you witnessed the dog displaying any of the following behaviours in the past 12 months?							
<input type="checkbox"/> aggression	<input type="checkbox"/> excessive fear reactions	<input type="checkbox"/> enhanced prey drive	<input type="checkbox"/> resource guarding				
The dog has been <input type="radio"/> Spayed <input type="radio"/> Neutered							

Did you performed the procedure or have you seen the spayed/neutered certificate? Performed Reviewed Certificate

Are the dog's vaccinations (rabies, distemper, parvovirus) up-to-date? Yes No

Date of last vaccination

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has the dog been diagnosed/treated for any of the following conditions in the past 12 months?

arthritis major skeletal injury obesity vision or hearing loss

Last examination date

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

Opinion (you may be contacted for further information)

A service dog must be physically and mentally capable of performing tasks in order to mitigate aspects of the applicant's disability. Tasks may include physical activities such as pulling a wheelchair, providing balance support or reaching up to turn on light switches; or sensory activities like listening for doorbells and phones, watching for traffic, and responding to medical cues such as low blood sugar or impending seizures.

Service dog behavior must be non-aggressive, no or low prey drive, and no resource guarding. It also includes the ability to remain focused on task and to remain quietly in a down-stay when required.

Any physical, medical or behavioural condition which impacts the dog's ability to work may pose a serious threat to the applicant, the dog or the public.

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 useful.

Part 3: Veterinarian Information (may use rubber stamp for name, address and telephone)

Veterinarian Last Name

Veterinarian First Name

Business Name

Phone

Mailing Address

City or Town

Province

Postal Code

Part 4: Applicant's Certification and Consent to Release Information

1. I certify that the information I have given to the veterinarian completing this report is to the best of my knowledge true and complete.
2. I understand that inaccurate, misleading, missing or false information may lead to denial or cancellation of my service dog certification.
3. I authorize the release of this veterinarian's report and all my past or future medical reports pertaining to the dog identified in Part 2 to the Service Dog Assessment Team as related to my application for a Service Dog Team Identification Card under the *Service Dogs Act*.

Name of Applicant or Parent/Guardian

Date yyyy-mm-dd

Applicant or Parent/Guardian's Signature