

Protected B (when completed)

This information will be used to determine 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 is 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, AB 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 complete sections 1 and 2 and ask your doctor to complete sections 3-5.

Please sign section 6 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

Legal Surname	Legal Given Name	Date of Birth: Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City or Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	AB	<input type="text"/>	
Contact Phone Number	Email Address			
<input type="text"/>	<input type="text"/>			

Part 2: Parent/Guardian Information (if applicant is a minor)

Legal Surname	Legal Given Name	Relationship to Applicant		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mailing Address	City or Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	AB	<input type="text"/>	
Contact Phone Number	Email Address			
<input type="text"/>	<input type="text"/>			

Last Name	First Name	Date of Birth: Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instruction to Physician

Service dogs can be a mitigation for those with a disability. For our purposes, this is where a diagnosis has been made for a disability that is due to a developmental, physical, sensory, mental or neurological condition or impairment, and/or a health condition that impacts their daily living activities such as eating, grooming, walking, interacting with others, and problem solving.

The attached list provides guidelines with regard to aspects of disabilities that may warrant the use of a service dog for daily living, and the types of tasks that a service dog may perform to assist a person with a disability. The list of tasks is not exhaustive.

A service dog must be essential to an individual's ability to function in day-to-day living and to be present in all or most situations in order to lead as full and independent a life as possible.

To clarify, a Service dog is **NOT**:

- 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.

It should be noted that, although a service dog can assist a disabled person with independent living, having a service dog will also place a burden on the patient. They will be self-identifying as a person with a disability. Caring for a service dog may also have a detrimental impact on the health and wellbeing of the patient and/or the service dog. Caring for a service dog also imposes considerable costs on your patient which they may have difficulty bearing. Costs for food and veterinary care are generally in the range of 1,000-1,500 per year. Patients requiring further information on these considerations are encouraged to contact the Service Dog Assessment Team at 780-427-9136

Part 3: Medical Information

Primary Diagnosis/Disability

Secondary Diagnosis/Disability

Is the applicant's disability of long-term duration and are the symptoms of the disability stable? Briefly describe

Last Name

First Name

Date of Birth: Year

Month

Day

Part 4: Opinion

In your opinion, having reviewed the **Instructions to Physician** and the **Common Service Dog Tasks** as attached, does the patient have a condition with symptoms that could be substantially mitigated by having a fully trained service dog to assist them in daily living? Yes No

What tasks or behaviours could the applicant's service dog perform in order to mitigate aspects of their disability? Please refer to the list attached.

Use the **Add** and **Remove** buttons below to add or remove additional tasks.

1.

2.

3.

Last Name	First Name	Date of Birth: Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Common Task Performed by Service Dogs

1 Hearing Hearing impairment to such a degree that the person requires a service dog to:

1. Alert handler to name being called
2. Alert handler to phone ring
3. Alert handler to oncoming cars
4. Alert handler to any potential dangers
5. Alert handler to the presence of others
6. Other auditory support tasks: please explain

2 Mobility Physical disability or mobility issues to such a degree that the person requires a service dog to:

7. Retrieve dropped items
8. Hold items
9. Carry items in a store or to another room
10. Place items on the counter at the cash register
11. Open/close doors
12. Fetch a cane, walker or other equipment
13. Assist handler to get up from a chair or the floor
14. Turn lights on and off
15. Assist with the transfer from wheelchair to chair (as in restaurant)
16. Reach for items from a shelf or shopping cart
17. Answer a (cell) phone when it rings
18. Alert others in the event of emergency
19. Alert handler to hazards such as steps, curbs, potholes or other obstacles
20. Fetch medications if needed
21. Assist with stairs
22. Assist with ambulation
23. Retrieve a purse, wallet, backpack or travel bag
24. Carry mail
25. Carry an item to another person
26. Pull or maneuver a wheelchair
27. Assist with shopping cart or basket
28. Push handicap or elevator buttons
29. Safely maneuver handler in a parking lot
30. Assist in a public restroom
31. Put away an item
32. Emergency body pull
33. Other mobility support tasks: please explain

3 Developmental Developmental disability such as Autism Spectrum Disorder or similar condition where, under the supervision of a parent or guardian, a service dog can:

34. Calm child when agitated
35. Prevent the child from self-harming
36. Prevent the child from bolting
37. Facilitate social interactions for the child
38. Other development support tasks: please explain

4 Medical Conditions such as seizure disorders, diabetes, cardiac rhythm disturbances, etc. where a person would benefit from a service dog that can:

39. Alert handler to changes in medical condition, such as low blood sugar, impending seizures or cardiac rhythm disturbances
40. Fetch medication if needed
41. Fetch the phone so handler can call for help
42. Alert others to the need for assistance
43. Reassure handler during medical crisis
44. Watch over handler until help arrives
45. Assist handler in sitting or lying down in cases of impending medical crisis
46. Assist handler in getting up from floor or chair after medical crisis
47. Other medical alert or response tasks: please explain

5 Psychological Psychological conditions such as Post-traumatic Stress Disorder or other psychological conditions where the person requires a service dog to:

48. Provide tactile stimulation orienting handler in the present
49. Assist with locating keys or telephone
50. Fetch medication if needed
51. Place items on the counter at the cash register
52. Open/close doors
53. Fetch a cane, walker or other equipment
54. Assist handler to get up from a chair or the floor
55. Turn lights on and off
56. Assist with the transfer from wheelchair to chair (as in restaurant)
57. Reach for items from a shelf or shopping cart
58. Answer a (cell) phone when it rings
59. Alert others in the event of emergency
60. Alert handler to hazards such as steps, curbs, potholes or other obstacles
61. Other psychological support tasks: please explain

Last Name	First Name	Date of Birth: Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 5: Physician's Information (may use rubber stamp for the name, address and telephone)

Legal Surname	Legal Given Name
<input type="text"/>	<input type="text"/>

Mailing Address	City or Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	AB	<input type="text"/>

Contact Phone Number	Email Address
<input type="text"/>	<input type="text"/>

Date yyyy-mm-dd	Physician's Signature
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Part 6: Applicant's Certification and Consent to Release Information

1. I certify that the information I have given to the physician 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 my individually identifying personal and/or health information related to my application for a Service Dog Team Identification Card under the *Service Dog Act* to be disclosed to the Service Dog Assessment Team by the Physician named in Section 5 above in accordance with HIA s.34. I understand why I have been asked to disclose my individually identifying personal and/or health information, and am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of my information. I understand that I may revoke this consent in writing or electronically at any time.

Name of Applicant or Parent/Guardian	Date yyyy-mm-dd	Applicant or Parent/Guardian's Signature
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