



Schedule "I" REGISTRATION OF SERVICE ANIMAL

Resident Name:

Suite No.

Pursuant to the *Accessibility for Ontarians with Disabilities Act* "Service Animals" are permitted for residents and guests with disabilities. Obvious disabilities, such as blindness, hearing impairment and physical disabilities do not require confirmation by a medical professional and confirmation may be waived. Disabilities that are not immediately apparent to the Corporation, such as epilepsy, diabetes, learning disabilities, or mental disorders, should be confirmed by your medical professional by asking him or her to sign the bottom of this form, confirming the information that has been listed on this form. Disabilities are defined by the *Accessibility for Ontarians with Disabilities Act (AODA)* and its regulations.

Disability Mobility Vision Hearing Other (Please Identify)_____

What service does the Service Animal perform for you?

Description of animal (breed, colour, size)

CONFIRMATION BY PHYSICIAN OR NURSE

Requested (please fill in area below) **OR** **WAIVED** (do not need to fill in area below)

Name of Physician or Nurse (please print)
Tel: _____

Signature of Physician or Nurse

Rules Respecting Service Animals:

1. Service Animals must be under control at all times while in the building or on the common elements.
2. Service Animals must not urinate or defecate in the building or on the property.
3. Service Animals must be taken off the property and all feces will be picked up in accordance with the Municipal By-laws.
4. Should a Service Animal have an "accident" in the building or common elements, the owner must clean it up immediately or notify the Corporation Staff for cleanup.
5. Service Animals must not be allowed to disturb the quiet enjoyment of the property by other residents.

Disabilities as defined by Regulation 429/07 of the Accessibility for Ontarians with Disabilities Act.

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*;