

SERVICE DOG LETTER

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____

Provider Email: _____

Patient Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Service Dog Information:

Dog's Name: _____

Breed: _____

Color: _____

Service Dog Identification Number (if any): _____

Certification:

I, the undersigned health professional, hereby certify that the above-named patient has a disability recognized under Canadian law and requires the use of a service dog as an essential aid for their disability. This service dog has been trained to perform specific tasks that mitigate the effects of the patient's disability. This letter is provided in accordance with applicable Canadian legislation, including but not limited to the Canadian Human Rights Act and the Accessible Canada Act.

Legal Compliance and Disclaimer:

This letter does not serve as proof of registration or certification of the service dog by any governmental agency. The use and access rights of the service dog are governed by Canadian laws applicable to persons with disabilities. False representation of a service dog is subject to penalties under Canadian law. This letter is valid only for the individual named herein and for the service dog described. Any changes to the medical condition, disability, or service dog must be communicated to the undersigned health professional.

Health Professional Information:

Full Name: _____

Professional Title (e.g., Physician, Psychologist): _____

License/Registration Number: _____

Address: _____

Phone Number: _____

Email Address: _____

HEALTH PROFESSIONAL SIGNATURE

PATIENT SIGNATURE

Signature: _____

Signature: _____

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