

Veterinary Requirements for a Service Dog



This form is to be filled out by a veterinarian to show proof of your dog's health, including your dog's date of birth, proof of spay/neuter, assessment of good health and current inoculations.

Please ensure the appropriate sections of this form are completed. Do not leave blanks, as this form will not be considered if it is not completed. Please complete this application form and submit it with your application for a service dog team certificate.

Direct questions to: Department of Justice, Service Dog Program
Phone: 902-424-8805 or toll free 1-888-760-5577 (#6)
Email: servicedogs@novascotia.ca
Fax: 902-424-0700

Please complete and sign parts 1 and 4 and ask your veterinarian to complete parts 2 and 3.

Part 1 Applicant Information

Name _____
Surname Legal Given Middle

Mailing Address _____
City/Town Province/Territory Postal Code

Parent/Guardian Information *(Secondary Handler for Service Dog, if applicable)*

Name _____
Surname Legal Given Middle

Relationship to Applicant _____

Part 2 Dog Information

Name of Service Dog _____ Date of Birth (yyyy/mm/dd) _____

Gender Male Female Breed _____ Microchip Number *(if applicable)* _____

Are you the primary veterinarian for this dog? Yes No

When did the applicant first access services at this clinic for this dog? (yyyy/mm/dd) _____

Have you witnessed the dog displaying any of the following behaviours in the past 12 months?

Aggression Excessive fear reactions Enhanced prey drive Resource guarding

The dog has been Spayed Neutered

Did you perform the procedure or have you seen the spay/neuter certificate? Yes No

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

Date of last vaccination (yyyy/mm/dd) _____

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

Date of last examination (yyyy/mm/dd) _____

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 behaviour 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 impact's the dog's ability to work may pose a serious threat to the applicant, the dog or the public.

Having reviewed the information above, in your opinion, is this dog able to act as a fully trained service dog able to mitigate the symptoms of the disability of the applicant? Yes No

Part 3 Veterinary Information *(may use rubber stamp for the name, address and telephone)*

Name _____
Surname First Name

Name of Business _____

Mailing Address _____

City/Town Province/Territory Postal Code

Tel. _____

Date (yyyy/mm/dd) _____ Veterinarian's Signature _____

Part 4 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 team certificate.
3. I authorize the release of the veterinarian's report and all my past or future medical reports pertaining to the dog identified in Part 2 to the staff of the Service Dog Program as related to my application for a Service Dog Team Certificate under the Service Dog Act.

Applicant or
Parent/Guardian _____
Name Date (yyyy/mm/dd) Signature