



## FTP-OPF 2.10.1: Service Animal Owner's Responsibilities

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I, \_\_\_\_\_ acknowledge and agree that, in regards to my Service animal being on-site with me at 20 Bredin Parkway, the Second Stage Housing program or any FTP premises, I am responsible for:

1. Providing documentation that the service animal is required due to a disability
2. Providing documentation stating that the animal's immunizations are up-to-date
3. Ensuring the animal is in my care and control at all times and is well behaved
4. Ensuring that the animal is not a threat to the health and safety of clients, FTP employees, volunteers or others
5. Cleaning up and disposing of the animal's feces and excrement from FTP property and premises, to the best of my ability
6. Feeding the animal in my bedroom.

### Service Animal Care in case of absence:

I, \_\_\_\_\_ acknowledge and agree that should it be necessary for me to be absent for an extended period of time without my Service animal (i.e. hospitalization) it is my responsibility to make alternative care arrangements for my Service animal.

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Veterinary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that if it is not possible for me to make alternative arrangements for my Service animal's care, the Orangeville Humane Society will be contacted to provide for the safety and well-being of my service animal. I also understand that the Service animal could become the property of the Orangeville Humane Society.

### Removal:

FTP acknowledges that Service animals are usually well trained and well behaved. If, for any reason, the animal is:

1. Disruptive, behaving in a threatening or aggressive manner (i.e. growling, barking, or demonstrating other signs of threatening or aggressive behaviours)
2. Causing damage, including damage to any person or property
3. In poor health, such as a contagious illness where there is a risk of spreading the illness to others

the Service animal will need to be removed from the facility and I will be expected to make alternative arrangements.

**Please Note:** Should any of the conditions outlined in this agreement be too difficult or impossible for me to comply with, due to my disability; I will inform FTP employees and work with them to put the appropriate measures in place or make the appropriate arrangements to ensure my safety and the safety of employees, clients, volunteers and others.

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Staff Signature