



SERVICE ANIMAL REGISTRATION FORM

Part 1: To be completed by the MBC guest.

Name of Handler: _____ Site/Unit#: _____

Breed/Colour of Animal: _____

I acknowledge it is the sole responsibility of the handler to obey all local and provincial laws regarding animal registry and maintenance.

My service animal and myself will adhere to all of MBC's rules as defined in the Animal Policy.

At the start of each season, I will visit the Campground Office with my dog for a photo.

Signature of Handler: _____ Date: _____

Part 2: To be completed by healthcare professional

Service Animal: An animal that has been specifically trained to assist an individual with a disability by performing identifiable tasks or functions.

I acknowledge that the handler identified above meets the criteria for requiring a service animal, as defined under the Accessibility for Ontarians with Disabilities Act (AODA), and that the animal is needed for disability-related purposes.

Full Name(please print) _____

Title: _____ Regulatory college or License number: _____

Signature of Healthcare professional: _____ Date: _____

AODA summary Link: [AODA Summary](#)

