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Hastings County Community and Human Services Hastings Local Housing Corporation Administrative Policies and Procedures

SUBJECT: Pets and Service Animals Policy				
APPROVED BY: Hastings County Council				
POLICY #: HLHC 6				
ORIGINAL ISSUED	SUPERCEDES	CURRENT VERSION		
May 2007	March 2020	June 2023		

PURPOSE

To ensure that tenants with pets and service animals meet requirements set out by the Hastings Local Housing Corporation (HLHC) with regards to the reasonable enjoyment and safety of other tenants.

SCOPE

The policy applies to the units managed by the HLHC.

DEFINITIONS

"Pet" means any domesticated animal, including a dog or cat or other animal, that is normally kept as a household pet.

"Service Animal" is defined by the *Accessibility for Ontarians with Disabilities Act*, 2005: An animal is a service animal if it can be readily identified as one that is being used by the person for the reasons relating to the person's disability, including where the animal is confirmed as such by a letter from a qualified "regulated health professional."

"Disability" is defined by the Ontario Human Rights Code, 1962.

REQUIREMENT

The tenant shall not allow any animal to disturb the reasonable enjoyment of the premises by the HLHC or the other tenants, and the tenant shall abide by the HLHC's policy as it relates to animals in or upon the HLHC's property.



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RESPONSIBILITY

All tenants must comply with applicable municipal by-laws with respect to the number and type of animals that are permitted in a household.

Livestock and some exotic animals are prohibited.

Rules Governing Animals

Tenants must abide by the following rules if they have pets or service animals or they have visiting pets or service animals to the property:

- Ensure the animal is restrained on a leash no longer than 6 feet in length when outside the tenant's unit.
- Pets are permitted in hallways and lobbies when entering or exiting the building only.
- Pets are not permitted in any common areas such as common rooms, laundry rooms, or office spaces. Only designated and approved service animals are permitted in common areas. A Request for Service Animal Accommodation Form (Appendix A) must be completed and approved by the HLHC. Staff may request that a copy of the approved form be provided when the service animal is in the common areas.
- Do not leave an animal unattended anywhere on the property, with the exception of the tenant's unit.
- Immediately remove all waste deposited by the animal.
- Ensure that all litter (including animal waste) is bagged and placed immediately in garbage bins. Do not place the litter in garbage chutes or toilets.
- Immediately contact the Facilities Department if there is any indication of flea infestation. If precautions have not been taken to prevent fleas, the tenant may be charged for the costs to remove fleas.
- Animals must be up-to-date with required vaccinations and immunizations.
- Dogs must be registered, numbered, described and licensed with the municipality in which they reside.
- Remove the animal from the unit or remain in the unit with the animal if maintenance work is required.

The HLHC may require the tenant to remove the animal or visiting animal from the premises if any of the following occurs:

- The tenant fails to comply with any of the rules governing animals.
- The animal interferes with the reasonable enjoyment of other tenants such as, but not limited to, constant barking.
- The animal harms any other animal or person such as, but not limited to, biting, clawing, aggressive behavior, severe allergies to animals.



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Liability of Tenant

Tenants are responsible for any damages or interference caused by their animals or visiting animals to any unit, common areas or grounds directly managed by the HLHC.

In the event that a conflict may occur between this policy and any municipal by-law, the by-law will govern.

REFERENCES

Residential Tenancies Act, 2006 Accessibility for Ontarians with Disabilities Act, 2005 Ontario Human Rights Code, 1962



APPENDIX A

Request for Service Animal Accommodation

To be completed by a Health Care Professional: Patient Information					
Last Name:	Given Name:				
DOB:	Contact Number:				
Address:					
Does your patient have a disability as defined by	by the AODA/OHRC?	Yes □	No □		
Is the use of a Service Animal required as part of their treatment plan?		Yes □	No □		
What type of Service Animal is required by you	r patient?				
Health Care Professional Verification – This only.	section is to be complete	ed by a H	lealth Care Professional		
I hereby certify that this information represents my knowledge.	my professional judgment a	and is tru	e and correct to the best of		
Signature:	Date:				
Name (please print):					
Address:			<u></u>		
Telephone:					
Email:			<u></u>		
Health Care Professional Stamp					

Notice with Respect to the Collection of Personal Information:

Personal information contained in this form or in attachments is collected pursuant to the Housing Services Act, 2011, Personal Health Information Protection Act, 2004, the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. M56), as applicable, and will be used only to evaluate the household's eligibility for an accommodation due to disability.

Completion of this document does not approve the request. You will be notified in writing of the outcome of the request.