

Article

Understanding the Diversity of Consumer Experiences with Navigating Canada's Service Dog Industry

Linzi Williamson ^{1,*}, Randy C. Duncan ², Grace Rath ¹, Aliegha Dixon ¹ , Christina Chandler ³ and Colleen Anne Dell ⁴ 

¹ Department of Psychology & Health Studies, University of Saskatchewan, Saskatoon, SK S7N 5A2, Canada

² Independent Research Consultant, Saskatoon, SK S7N 5A2, Canada

³ Canine Behaviour Consultant and Trainer, Saskatoon, SK S7N 5A2, Canada

⁴ Department of Sociology, University of Saskatchewan, Saskatoon, SK S7N 5A2, Canada

* Correspondence: linzi.williamson@usask.ca

Abstract

The lack of publicly available demographic and prevalence data on service dog (SDog) teams in Canada challenges our understanding of how and to what degree limited industry regulations, unharmonized standards, differing pathways to acquiring an SDog, and other variables can affect individuals with disabilities' (i.e., handlers/consumers) ability to acquire, train with, or live with an SDog in Canada. The present study aims to develop empirical knowledge on SDog handler/consumer experiences with navigating the Canadian SDog industry. Current, former, and prospective Canadian SDog handlers/consumers ($N = 263$) were surveyed on personal demographics, SDog acquisition experiences, and experiences training/working with an SDog. Descriptive statistics were calculated for all quantitative data and open-ended responses were content analyzed. Participants reported diverse experiences and processes in acquiring an SDog. The typical respondent was a novice SDog handler, inexperienced in formally training with dogs, grew up with dogs and cats, had no negative experiences with dogs, needed an SDog to support a mental health disability/ies, trained their SDog on their own or with some professional support, did not join a wait list, completed basic obedience, public access, and/or task-specific training with their SDog 0 to 5 h daily using positive reinforcement or fear-free training approaches, spent on average \$2567 to purchase their dog and \$6695 for ongoing training costs, and had minimal but satisfactory experiences with Canadian SDog organizations. There are numerous gaps in our understanding of SDog team experiences in Canada, and future research is warranted.

Keywords: service dogs; assistance dogs; service dog handlers; service dog teams; service dog acquisition; service dog training



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1. Introduction

Service dogs (SDog), also referred to as assistance dogs, are a sub-type of animal-assisted service (AAS; [Binder et al. 2024](#)) “who perform at least one identifiable task or behaviour (not including any form of protection, comfort, or personal defense) to help a person with a disability to mitigate the impacts of that disability, and who is trained to a high standard of behaviour appropriate to access public spaces that are prohibited to most animals” ([Howell et al. 2022](#), p. 6). The term SDog encapsulates various roles, including, but not limited to, guide dogs, hearing dogs, mobility support dogs, psychiatric support

dogs, medical-alert dogs, and autism-support dogs (Howell et al. 2022). The decision to obtain an SDog can involve a combination of personal choice and health care professional (e.g., primary physician) recommendation in cases where an individual requires support with daily functioning, independence, or safety (CAPDT 2021; Walther et al. 2017).

Canada's SDog industry, part of the broader AAS sector, is currently unregulated federally, 'producer'- rather than 'consumer'/handler-driven, and operates with unharmonized legislation and standards across the nation (CAPDT 2024; HRSO and SCC 2023; Vincent et al. 2017; Williamson et al. 2025a). This means there is no harmonized national/federal standard or certification process/program for SDogs in Canada and provinces/territories determine their legislation (CAPDT 2024; Williamson et al. 2025a). In this context, 'producers' can include profit, non-profit, or charitable organizations that offer services related to SDog acquisition, including dog breeding, training with dogs and handlers, and donating or selling SDogs. Each SDog organization that offers dogs, training, support, and other services may operate with their own standard operating procedures (SOPs) or adopt standards from internationally recognized groups like Assistance Dogs International (ADI) or International Guide Dog Federation (IGDF) (Williamson et al. 2025b). Although a National Standard of Canada (NSC) for AAS broadly, inclusive of SDogs, was recently published (HRSO and SCC 2023), it has neither been upgraded from a voluntary to federally mandated status nor has an accreditation program for it been established (Moss 2024). Federally, SDog legislation falls under: (1) the Canadian Human Rights Act which states people with disabilities (i.e., handlers) cannot be denied goods, services, facilities, or accommodations, (2) the Criminal Code of Canada under the Justice for Animals in Service Acts (i.e., Quanto's Law) which protects the wellbeing and life of service animals defined as "an animal required by a person with a disability for assistance and certified in writing by a professional service animal institution", and (3) the Accessible Transportation for Persons with Disabilities Regulations, which states a carrier must accept an SDog for transport upon request from a handler and the dog can accompany them on board provided the dog is controlled by a leash, tether, or harness (Williamson et al. 2025a). Broadly, SDogs can be owner-trained, trained by an owner with the support of a professional trainer, trained solely by a professional trainer, supplied by a non-profit or charitable program, or purchased from a for-profit program (CAPDT 2024). Only three provinces (Alberta, British Columbia, Nova Scotia) have SDog regulations with their own SDog Acts, offering voluntary certification following completion of a public access test (CAPDT 2024). A healthcare professional's note stating the need for an SDog to mitigate a handler's disability is required in most provinces/territories (CAPDT 2024). Quebec requires SDogs to wear a visual marker indicating their service status and bearing the logo of the organization that trained them (CAPDT 2024). In some provinces/territories (e.g., Ontario), any animal can be a service animal (CAPDT 2024). In Saskatchewan, Manitoba, New Brunswick, Prince Edward Island, Yukon, Northwest Territories, and Nunavut, handlers are solely protected under respective Human Rights Codes (CAPDT 2024). SDogs in-training have no public access rights in most provinces/territories unless they are actively training with and accompanied by a "certified and accredited trainer" (CAPDT 2024).

The number of SDog teams in Canada is unknown since these statistics are not consistently tracked by SDog organizations or at the national level. As such, we do not know the full scope of this industry, including how many dogs are bred and/or trained each year. While some SDog organizations track their members, there is no central registry or database. The increase in owner-trained SDogs (i.e., a prospective handler trains a dog on their own) poses a further challenge to determining the scope. At this point, it is also unknown whether owner- or program-trained SDogs are most common in Canada. Regardless, there continues to be a growing research evidence base about the benefits and efficacy of SDogs (Pierce and Dreschel 2023), with some

promising findings. Beyond disability mitigation and supporting daily living, SDogs have been found to improve psychological, physical, and interpersonal outcomes (e.g., [Husband et al. 2019](#); [Leighton et al. 2024](#); [McIver et al. 2020](#); [Nieforth et al. 2022](#); [Sherman et al. 2023](#); [Vincent et al. 2019](#); [Williamson et al. 2021a, 2021b](#)). Despite the potential benefits of working with an SDog, commonly reported challenges include: (i) the extra work and responsibility of caring for and ongoing training/maintenance with an SDog; (ii) travelling with an SDog due to varied regional standards and administrative burdens (e.g., paperwork); (iii) associated costs (e.g., training, veterinary care, etc.); (iv) negative public interactions (e.g., attempts to interact with working SDogs, public access denials due to lack of knowledge of legislation); (v) and inevitable loss and grief related to the retirement and/or passing of the SDog ([Williamson et al. 2021a](#); [Gravrock et al. 2019](#); [Nieforth et al. 2024](#)).

Reportedly, in Canada, the demand for SDogs exceeds the supply ([CFAS 2020](#)). While some organizations may donate fully or partially trained dogs, wait lists can exceed 2 years ([CAPDT 2021](#); [Williamson et al. 2025a](#)). Prospective SDog handlers, who may be referred to as industry consumers, may consider purchasing an SDog from a for-profit organization. This option can often provide quicker access, but the associated costs tend to be out of reach for most people. The cost of a fully or partially trained SDog reportedly ranges from \$10,000 to over \$82,000 CAD, with higher costs associated with more technical training ([CAPDT 2021](#); [Canadian Guide Dogs for the Blind 2020](#); [Hoffman-La Roche Limited 2023](#); [Oregon Family to Family Health Information Center 2024](#); [Wirth and Rein 2008](#)).

The high costs, variable/low supply, and waitlists have led many individuals to engage in alternative pathways to acquiring an SDog. In some cases, individuals, whether they have a disability or not, are paying online for certificates, ID cards, dog vests, and patches for vests without completing adequate training with their dog ([AVMA 2022](#); [Mills 2024](#); [Sorenson and Matsuoka 2022](#)). Some have used the terms “fake” or “fraudulent” SDog to refer to these cases ([Mills 2024](#); [Sorenson and Matsuoka 2022](#); [Brozman 2022](#); [Howell and Bennett 2022](#); [Robertson 2025](#)). There has also been a reported increase in owner-trained SDogs among individuals ([Yamamoto and Hart 2019](#)) who are not necessarily experts in dog training or consulting with experts. The increasing popularity of these alternative means of obtaining an SDog suggests a lack of adequate support for handlers/consumers. It also reflects the lack of regulations and harmonized standards and, in some cases, relates to insufficient availability of pet-friendly housing, leading some folks to take advantage of the system (e.g., fraudulently claiming they have a disability and SDog; [AVMA 2022](#)). The presence of SDogs without adequate training and socialization may present welfare risks to other SDog teams accessing public spaces ([Mills 2024](#); [Robertson 2025](#)). Additionally, the welfare of under- or poorly-trained SDogs may be of concern since they may not be effectively prepared or selected for SDog work. The public has also reported concerns about “fake” and owner-trained dogs, which can lead to discrimination against SDog teams ([Robertson 2025](#); [McManus et al. 2021](#)).

Ultimately, untrained or poorly trained dogs can harm the credibility of fully trained and medically necessary SDogs ([McNary 2018](#)). Further, the cited benefits of SDogs are generally based on studies that focus on dogs that were trained professionally rather than owner-trained ([Yamamoto and Hart 2019](#)). [Yamamoto and Hart \(2019\)](#) found that an SDog’s training history (professionally trained vs. owner-trained) influenced handlers’ experience with their SDogs. For instance, individuals working with professionally trained SDogs experienced significantly fewer burdens compared to owner-trained SDogs with “behaviour problems, travel arrangement, unwanted attention, and negative effects on family members” ([Yamamoto and Hart 2019](#), p. 12). The authors suggested that these differences may result from the owner-trained SDogs not being fully trained at the time of data collection, whereas professionally trained SDogs are often only provided to individuals once they have completed their training.

These potential burdens are important to note as SDogs that are less experienced/trained may lead to increased anxiety or stress for their handlers, especially when they are in public spaces (Williamson et al. 2021b). Further, for those that are professionally trained, there is not always adequate follow-up and support for handlers.

The Present Study

Because there are no publicly available demographic and prevalence data on SDog teams in Canada, it is challenging to understand how and to what degree limited industry regulations, unharmonized standards, differing pathways to acquiring an SDog, long wait lists, and associated costs can affect individuals with disabilities' ability to acquire, train with, or live with an SDog in Canada. One Canadian study examined the sociodemographic profile of SDog handlers but only focused on the province of Quebec (Vincent et al. 2015), and another reported only on the number of SDog teams placed by ADI-accredited SDog facilities across Canada from 2013 to 2014 (Walther et al. 2019), but these facilities comprise only 15.8% of the current industry (Williamson et al. 2025a). International comparisons are tangentially possible by way of studies on characteristics and experiences of prospective SDog handlers in Australia (Smith et al. 2020) and handlers with SDogs from ADI-accredited facilities in the United States (Walther et al. 2017, 2019), but it is not clear how similar/dissimilar these industries are to the Canadian context.

The purpose of the present study was to develop empirical knowledge on consumer experiences with navigating the Canadian SDog industry. Ultimately, we wanted to understand the consumer experience and identify commonalities and distinctions. The research questions guiding this study were: (1) What are the most common processes and pathways followed by consumers to acquire and/or train an SDog in Canada? (2) What, if any, barriers and facilitators do consumers experience when trying to acquire and/or train an SDog? (3) How are Canadian SDog organizations supporting consumers to make informed decisions about having an SDog?

2. Materials and Methods

This study was approved by the lead author's institutional Research Ethics Board. Data collection occurred from April 2023 until March 2024 via an anonymous online questionnaire hosted on SurveyMonkey, an online survey building website. Participants were recruited via convenience, purposive, and snowball sampling using web-based and social media advertisements and emails distributed to Canadian SDog organizations. Participants were asked to provide demographic information (e.g., age, yearly income, region of residence, past experiences with companion animals/pets, etc.) and answer questions related to the following categories: (1) why and how they acquired their most recent SDog(s); (2) experiences contacting, working with, and being supported by SDog organizations; and (3) experiences training/working with an SDog. The questionnaire took most participants 25–30 min to complete. Descriptive statistics (e.g., frequencies) were calculated for all quantitative data, and open-ended responses were content analyzed using descriptive coding, which involved familiarization with the data, identifying units of meaning (e.g., words, sentences, paragraphs), assigning codes, refining codes, and discussing and agreeing on codes among the authors before finalizing categories (Saldaña 2013).

3. Results

3.1. Participant Demographics

A total of 281 participants completed the online questionnaire. After removing 18 participants (3 for being under 18 years of age, 15 for not meeting the eligibility criteria of currently being paired with an SDog, previously being paired with one, or attempting to get an SDog

but not being successful in this pursuit), 263 participants (M age = 43.1, SD = 15.6) remained for analyses. Due to non-responses to varying questions, the sample size for each question is reported when relevant. The questionnaire was offered in both English (n = 230; 87.5%) and French (n = 33; 12.5%) to accommodate the bilingual landscape of Canada. Most participants resided in Ontario, Alberta, or British Columbia (13.4%) in an urban setting. The average age within the sample was M = 43.17 years (SD = 15.42). The sample primarily consisted of participants identifying as cisgender women (73.4%). Given the predominance of veteran and first-responder SDog programs in Canada, we asked about identification with these roles: 23.5% identified as veterans and 12% identified as first responders. Most of the sample identified as civilians (63.4%). Table 1 provides an overview of participant characteristics.

Table 1. Participant demographic information.

Variables and Response Options	
Gender	Frequency (%)
Woman	138 (73.4%)
Man	42 (22.3%)
Transgender Woman	0 (0%)
Transgender Man	2 (1.1%)
Non-binary	5 (2.7%)
Other: agender	1 (0.5%)
Province/Territory	Frequency (%)
Alberta	25 (13.4%)
British Columbia	25 (13.4%)
Manitoba	4 (2.1%)
New Brunswick	4 (2.1%)
Newfoundland and Labrador	3 (1.6%)
Northwest Territories	0 (0%)
Nova Scotia	2 (1.1%)
Nunavut	1 (0.5%)
Ontario	73 (39.0%)
Prince Edward Island	0 (0%)
Quebec	24 (12.8%)
Saskatchewan	23 (12.3%)
Yukon	1 (0.5%)
Living Region Type	Frequency (%)
Urban (a city or densely populated area)	87 (47.0%)
Rural (a sparsely populated area outside of cities and towns)	48 (25.9%)
Suburban (a residential area near a city)	42 (22.7%)
Remote (an isolated or difficult-to-access area)	4 (2.2%)
Military, veteran, or first responder affiliation *	Frequency (%)
Civilian	116 (63.4%)
Veteran	49 (26.8%)
First responder	22 (12.0%)
Other	18 (9.8%)
Relationship status	Frequency (%)

Table 1. Cont.

Variables and Response Options	
Married/common-law spouse	103 (54.8%)
Single	59 (31.4%)
Separated/divorced	15 (8.0%)
Widowed	3 (1.6%)
Other	8 (4.3%)
Parental Status	Frequency (%)
Has children	94 (50.0%)
Does not have children	89 (47.3%)
Other	5 (2.7%)
Living arrangement	Frequency (%)
Living with spouse/partner	60 (31.9%)
Living alone	40 (21.3%)
Living with spouse/partner and children	40 (21.3%)
Living with family members	33 (17.6%)
Living with roommates	5 (2.7%)
Other	10 (5.2%)
Highest level of education	Frequency (%)
Elementary school	2 (1.1%)
High school	33 (17.7%)
College	42 (22.6%)
Undergraduate degree	48 (25.8%)
Graduate degree	28 (15.1%)
Professional degree	6 (3.2%)
Certificate program/technical diploma	20 (3.2%)
Other	7 (3.8%)
Yearly income before taxes (all sources, but not specified as individual or household)	Frequency (%)
\$0 to \$19,999	48 (26.5%)
\$20,000 to \$39,999	27 (14.9%)
\$40,000 to \$59,999	17 (9.4%)
\$60,000 to \$79,999	27 (14.9%)
\$80,000 to \$99,999	19 (10.5%)
\$100,000 to \$119,999	28 (15.5%)
\$120,000 to \$139,999	7 (3.9%)
\$140,000 or more	4 (2.2%)
Other	4 (2.2%)
SDog owner status	Frequency (%)
Currently work with an SDog(s) (in-training or fully trained)	199 (75.7%)
Worked with an SDog(s) in the past and now work with a new one	26 (9.9%)
Worked with an SDog(s) in the past but no longer work with any SDog	16 (6.1%)
Never worked with an SDog because unsuccessful in getting one	22 (8.4%)
Reasons to acquire SDog (participants could select more than one response) *	Frequency (%)

Table 1. Cont.

Variables and Response Options	
Posttraumatic stress disorder (PTSD)	130 (49.4%)
Anxiety	129 (49.1%)
Depression	92 (35.0%)
Panic disorder	67 (25.5%)
Physical mobility issue(s)	62 (23.6%)
Medical alert needs (e.g., blood sugar levels, seizures, migraines, blood pressure, heart rate)	60 (22.8%)
Physical/biological health disorder(s)	36 (13.7%)
Autism spectrum-related needs	29 (11.0%)
Moral injury	19 (7.2%)
Visual impairment	16 (6.1%)
Hearing impairment	14 (5.3%)
Traumatic brain injury/ies	13 (4.9%)
Poor outcome with medication regimen	12 (4.6%)
Cognitive impairment(s)	9 (3.4%)
Other: ADHD, agoraphobia, allergy detection, balance, borderline personality disorder, complex PTSD, endometriosis, fetal alcohol spectrum disorder, fibromyalgia, Ehlers Danlos Syndrome, narcolepsy, “rare disease” (not specified), retrieving medication, schizoaffective, sleep issues, Tourette’s syndrome	19 (7.2%)
Year most recent SDog was acquired	Frequency (%)
2024	1 (0.4%)
2023	28 (10.6%)
2022	43 (16.3%)
2021	28 (10.6%)
2020	23 (8.8%)
2019	33 (12.5%)
2018	14 (5.3%)
2017	14 (5.3%)
2016	13 (4.9%)
2015	6 (2.3%)
2014	3 (1.1%)
2013	1 (0.4%)
2012	2 (0.8%)
2010	2 (0.8%)
2006	1 (0.4%)
1990	1 (0.4%)
Age of SDogs when acquired **	Frequency (%)
0–6 months	103 (51.5%)
7–12 months	18 (9.0%)
13–24 months	43 (21.5%)
Over 24 months	36 (18.0%)

* Participants could select more than one response for this variable. ** Participants were asked, “How old was your most recent service dog when you acquired them?” yet there seems to be variation in how participants responded, whereby some seemed to interpret the question as when they received an untrained dog, while others reported when they received a trained SDog. *Note.* Based on [Harvey’s \(2021\)](#) review, dogs under 2 years of age are considered puppies or adolescents, while dogs 2 years or older are considered adults. The [Royal Canadian Legion \(2026\)](#) defines a veteran as “any person who is serving or who has honourably served in the Canadian Armed Forces, the Commonwealth or its wartime allies, or as a Regular Member of the Royal Canadian Mounted Police, or as a Peace Officer in a Special Duty Area or on a Special Duty Operation, or who has served in the Merchant Navy or Ferry Command during wartime.” As such, veterans are a distinct category. Four self-identified veterans also indicated they identified as first responders, which could mean they have a new career post-service.

Most participants ($n = 199$, 75.7%) reported they were currently working with their SDog(s), either in-training or fully trained, with most in their lifetime having worked with only 1 SDog ($n = 143$, 54.4%). Most participants acquired their most recent SDog within the prior 5 years (i.e., between 2019 and 2023; $n = 155$, 58.9%), and most dogs were between 0 and 6 months in age when they were first acquired ($n = 103/200$, 51.5%). This means that most dogs were around 5 years old at the time their handler completed the questionnaire. However, this estimate is based on participants indicating when they got their most recent dog and how old the dog was at that time, so not based on directly asking how old the dog was at the time of study participation. Inconsistent participant responses challenged our ability to calculate the dogs' ages at the time of handler study participation. Just under a third of participants ($n = 55$, 29.6%) indicated they had experience working professionally with dogs (i.e., boarding/kennel, grooming, veterinary technician, training). Most participants had pets, mainly dogs and cats, growing up ($n = 160/187$, 85.6%). Some participants reported past negative experiences with dogs, such as being bitten by ($n = 91$, 34.6%), chased by ($n = 54$, 20.5%), or afraid of dogs ($n = 25$, 9.5%), and witnessing a dog bite someone else ($n = 66$, 25.1%). Just over half (54%) had a pet besides their SDog. The most common reasons respondents acquired an SDog were posttraumatic stress disorder ($n = 130$, 49.4%), anxiety ($n = 128$, 48.7%), and depression ($n = 92$, 35.0%).

3.2. How SDogs Were Acquired

The most commonly reported methods for acquiring an SDog were 'trained a family dog/pet as an SDog themselves with support from an SDog organization' ($n = 61/250$, 24.4%), 'given a fully trained SDog by an organization' ($n = 56/250$, 22.4%), 'trained a family dog/pet as an SDog themselves' ($n = 53/250$, 21.2%), 'given a dog by an organization they then had to train with in the SDog program' ($n = 32/250$, 12.8%), and 'trained a family/pet dog as an SDog with support of an independent trainer' ($n = 23/250$, 9.2%). Relatively fewer respondents had 'purchased a trained SDog from an organization' ($n = 19/250$, 7.6%) or were 'given a dog by an organization they then had to train themselves' ($n = 6/250$, 2.4%). Of the individuals who fully or partially trained their SDog, some reportedly did so by: working with local dog training programs ($n = 67$, 25.5%) or trainers ($n = 22$, 8.4%), watching YouTube videos ($n = 62$, 23.6%), consulting social media content (e.g., Facebook groups; $n = 62$, 23.6%), consulting dog training websites ($n = 57$, 21.7%), completing online dog training programs ($n = 39$, 14.8%), having many years of dog training experience and education ($n = 6$, 2.3%), and/or training with other handlers ($n = 5$, 1.9%).

Dogs generally came from a specialized breeder not connected to an SDog organization ($n = 84$, 38.9%), an SDog organization with its own breeding in-house program ($n = 60$, 27.8%), or an animal shelter ($n = 16$, 7.4%). Respondents generally connected with a trainer and/or an SDog organization for support in choosing a dog ($n = 213$, 81.0%). Of these participants, 55 (25.8%) indicated that they did not choose the breed of their SDog, and instead had a breed recommended or were matched with a breed through an organization that typically utilized one or two breeds in their program. In several cases, participants further commented that the breed was the only one available through some SDog organizations. A total of 17 dog breeds were identified as recommended to or matched with participants (Table 2). Labrador/Retriever crosses were the most common, $n = 21$ (38.2%); Labradors (Chocolate, Black and Yellow) were the second most common, $n = 13$ (23.6%); and Golden Retrievers were the third most common, $n = 6$ (10.9%). Of the participants who had reported training a current pet dog, a diverse group of 26 breeds were reported (see Table 2). Seven dog breeds/mixes (Golden Retriever, Labrador, Standard Poodle, Australian Labradoodle, Golden Doodle, Labrador Retriever, and Bernese Mountain Dog) were slightly more common than the remaining 19 distinct breeds.

Table 2. Dog breeds recommended or matched from organizations and those self-selected by handlers.

Variables and Response Options	
Breeds Recommend or Matched from Organizations	Frequency (%)
Labrador/Retriever Cross	21 (38.2%)
Labrador (Yellow, Chocolate, or Black)	13 (23.6%)
Golden Retriever	6 (10.9%)
“Labrador/Bernese” Mountain Dog Cross (aka. Labernese)	3 (5.5%)
Labrador/German Shepherd Cross	2 (3.6%)
German Shepherd	1 (1.8%)
Labrador and unidentified breed mix	1 (1.8%)
Labrador/Border Collie Cross	1 (1.8%)
Standard Poodle	1 (1.8%)
Poodle/Golden Retriever Cross	1 (1.8%)
Miniature Poodle	1 (1.8%)
Greyhound/Irish Wolfhound Cross	1 (1.8%)
Great Dane/Mastiff Cross	1 (1.8%)
Shih Tzu/Poodle/Bichon Mix	1 (1.8%)
Maltese/Yorkie Cross	1 (1.8%)
Breeds Self-Selected by Handlers	Frequency (%)
Golden Retriever	6 (15.0%)
Labrador Retriever	6 (15.0%)
Standard Poodle (Royal)	3 (7.5%)
Australian Labradoodle	2 (5.0%)
Golden Doodle (mix of Golden Retriever and Poodle)	2 (5.0%)
Bernese Mountain Dog	2 (5.0%)
German Shepherd	1 (2.5%)
Beagle/Labrador Cross	1 (2.5%)
Labradoodle	1 (2.5%)
Bull Terrier/Australian Shepherd Cross	1 (2.5%)
Australian Shepherd	1 (2.5%)
Belgian Malinois	1 (2.5%)
Australian Shepherd/Border Collie Cross	1 (2.5%)
Husky/German Shepherd/Great Pyrenees Mix	1 (2.5%)
Havanese	1 (2.5%)
Borzoi	1 (2.5%)
Pekingese	1 (2.5%)
Alano Espanol	1 (2.5%)
French Bulldog/Boston Terrier Cross	1 (2.5%)
German Shepherd/Golden Retriever/Husky Mix	1 (2.5%)
Rottweiler	1 (2.5%)
American Cocker Spaniel	1 (2.5%)
Boston Terrier/Pug Cross	1 (2.5%)
Long-Hair Collie	1 (2.5%)
Unidentified Mix (20 lbs.)	1 (2.5%)

Most respondents ($n = 159/212$; 75.0%) had to acquire a referral letter from a health care professional to get their most recent SDog from an SDog organization, with fewer reporting they did not require a referral letter ($n = 28/212$; 13.2%). From those who responded ‘Yes’ to requiring a referral letter for their SDog, most responded it was ‘very easy’ ($n = 63/159$; 39.6%) or ‘easy’ ($n = 45/159$; 28.3%) to get one. The rest of the sample reported it was ‘neither easy nor difficult’ ($n = 30/159$; 18.9%), ‘difficult’ ($n = 17/159$; 10.7%), or ‘very difficult’ ($n = 2/159$; 1.3%) to obtain a referral letter. There was a near split between those who reported their health care professional followed up with them and their SDog ($n = 102/208$, 49.0%) or not ($n = 97/208$, 46.6%).

3.2.1. Desired Characteristics for Choosing an SDog

From the 213 participants who responded to the open-ended question about the reason(s) that they chose their SDog in cases where they had autonomy to do so, there were 94 (44.1%) participants who reported that their decision was made based on one or more of the following six characteristics: good personality and calm disposition ($n = 55$, 58.5%), ability to be easily trained ($n = 42$, 44.7%), intelligence ($n = 36$, 38.3%), appropriate size ($n = 25$, 26.6%), hypoallergenic/non-or low shedding ($n = 20$, 21.3%), and high energy/athletic with good stamina ($n = 16$, 17.0%).

3.2.2. Training Experiences

Participants primarily engaged in basic obedience ($n = 141$, 53.6%), public access ($n = 140$, 53.2%), and/or task-specific training ($n = 131$, 49.8%) with their dogs. Less than half the sample completed formal SDog testing ($n = 111$, 42.2%) and certification ($n = 102$, 38.8%) with their dogs. Most participants reported training with their dogs daily ($n = 140/202$, 69.3%), 0 to 5 h/day ($n = 104/200$, 52.0%) or 6 to 10 h/day ($n = 48/200$, 24.0%), using positive reinforcement ($n = 179$, 68.1%) or fear-free ($n = 117$, 44.5%) training approaches. Less than half of the sample completed dog body language training (i.e., learning the body language cues given by dogs; $n = 109$, 41.4%). The COVID-19 pandemic affected some participants' ability to participate in SDog training in several ways, including being unable to participate in any training ($n = 35$, 13.3%) or public access training ($n = 58$, 22.1%). The full array of participant responses is in Table 3.

Table 3. Training experiences and desired tasks for SDogs.

Variables and Response Options	
Training Types	Frequency (%)
Basic obedience training	141 (53.6%)
Public access training	140 (53.2%)
Disability-specific task training	131 (49.8%)
Puppy training	85 (32.2%)
Online training	63 (24.0%)
Protection training	14 (5.3%)
SDog was “fully trained” when acquired	9 (3.4%)
Other (e.g., agility classes, gun dog training, dummy retrieval, trick training, conformation classes, scent classes, fitness classes, sports training, Rally-O, tracking, barn hunt)	6 (2.3%)
Therapy dog training (e.g., St. John’s Therapy Dog Program)	3 (1.1%)
Assessments	Frequency (%)
Formal SDog testing	111 (42.2%)
Formal SDog certification	102 (38.8%)
Canine Good Neighbour	6 (2.3%)
Training Frequency ($n = 202$)	Frequency (%)
Daily	140 (69.3%)
Weekly	29 (14.4%)
Monthly	8 (4.0%)
Annually	3 (1.5%)
Quarterly or semi-annually	2 (1.0%)
Hours spent training per day ($n = 200$)	Frequency (%)

Table 3. *Cont.*

Variables and Response Options	
0 to 5 h	104 (52.0%)
6 to 10 h	48 (24.0%)
11 to 15 h	13 (6.5%)
21 to 24 h	10 (5.0%)
16 to 20 h	4 (2.0%)
Effects of COVID-19 pandemic on SDog training	Frequency (%)
Unable to participate in public access training	58 (22.1%)
Unable to participate in group training classes	53 (20.2%)
Could only participate in online training programs	38 (14.4%)
Unable to participate in any SDog training	35 (13.3%)
Could only participate in one-on-one training classes	30 (11.4%)
Training Approaches	Frequency (%)
Positive reinforcement (i.e., introducing a desirable or pleasant stimulus, like a treat, after a behaviour is performed and marked)	179 (68.1%)
Fear-free (i.e., preventing and alleviating fear, anxiety, and stress to improve an animal's emotional well-being)	117 (44.5%)
Dog body language-based training (i.e., learning the body language cues given by dogs to determining what actions we take next with them)	109 (41.4%)
Balanced (i.e., using both positive reinforcement and aversive based training techniques)	83 (31.6%)
Clicker training (i.e., a form of positive reinforcement training where a clicker is used to mark and reward a dog's behaviour)	62 (23.6%)
Aversive based (i.e., adding something uncomfortable or undesirable for the learner to change a target behaviour)	37 (14.1%)
Behavioural Adjustment Training (BAT) (i.e., emphasizes empowering dogs to use their behaviour to control their own safety)	28 (10.6%)
Dominance based (i.e., being the "alpha" or "pack leader" with your dog)	23 (8.7%)
Tasks	Frequency (%)
Alerting to symptoms/episodes	104 (49.3%)
Deep pressure therapy	89 (42.2%)
Support through an episode (i.e., brings a person back to the present)	73 (34.6%)
Behavioral interruption when triggering	67 (31.8%)
Crowd control in public	66 (31.3%)
Retrieval and/or picks up dropped items	52 (24.6%)
Stability (counterbalancing and bracing)	33 (15.6%)
Guiding (helps navigate and redirect)	31 (14.7%)
Grounding (tactile stimulation, licking, pawing)	30 (14.2%)
Mobility (forward momentum and up slopes)	25 (11.9%)
Opens and closes doors (including pushing automatic door buttons)	21 (10.0%)
Facilitates access to the community (helps build trust and connection to other people)	20 (9.5%)
Finds people when disoriented	15 (7.1%)
Takes item and gives (carries) to another person	4 (1.9%)
Helps to undress (e.g., takes off socks)	3 (1.4%)

Note. Participants could select/provide more than one response for training types, assessments, effects of the COVID-19 pandemic on training, training approaches, and tasks.

3.2.3. Desired Tasks to Be Performed by SDogs

Most participants (80.2%) identified one or more of the following 15 tasks listed in Table 3 above. The most selected task was ‘Alerting’, which was described as having an SDog that can recognize/sense the onset of anxiety, the onset of migraines, elevated heart rate, rising cortisol levels, and changes in breathing.

3.3. Cost of Owning and Training an SDog

Most respondents (189/263; 71.9%) identified being responsible for one or more of 13 categories of expenses in Table 4 associated with owning a dog. The most reported ongoing expense was veterinary costs, followed by the costs of regular food and training treats. The single most expensive one-time expense reported was for the purchase of the SDog. Of the 94 respondents who mentioned this expense, 29 (30.85%) identified the cost, which ranged from \$300 to \$20,000, and the resulting average cost was \$3597. However, when we removed what might be considered two outliers for this sample, a \$20,000 and a \$15,000 fee, which could refer to the cost of purchasing a trained SDog (see CAPDT 2021; Canadian Guide Dogs for the Blind 2020; Hoffman-La Roche Limited 2023; Oregon Family to Family Health Information Center 2024; Wirth and Rein 2008), the average cost was reduced to \$2567. Participants ($n = 145$) reported spending, on average, \$6695 CAD total on SDog training costs with a range of \$0 to \$80,000. The top five expenses respondents had difficulty affording were veterinarian fees, SDog training costs, pet insurance, SDog purchasing costs, and SDog equipment costs (Table 4). Some participants received financial support from family/friends ($n = 45$, 17.1%), online fundraising ($n = 13$, 4.9%), an SDog organization ($n = 13$, 4.9%), military/veteran group ($n = 9$, 3.4%), insurance coverage ($n = 6$, 2.3%), employment benefits ($n = 5$, 1.9%), or the government (e.g., disability benefits, tax credit; $n = 6$, 2.3%).

Table 4. Costs associated with owning and training an SDog.

Variables and Response Options	
SDog Owning and Training Costs	Frequency (%)
Veterinaryhealth checks/ vaccinations/spaying/neutering	127 (67.2%)
Food/training treats	118 (62.4%)
Purchase/adoption fee	94 (49.7%)
SDog Organization: administration fees/training, fees/equipment & training tools’ fees	74 (39.2%)
Toys	47 (24.9%)
Leashes (multiple)/collars/harnesses/winter coats/boots	37 (19.6%)
Kennels (crates)/beds/food bowls	34 (18.0%)
Purchase service vest	16 (8.5%)
Travel & accommodation (for acquiring and/or training)	13 (6.9%)
Pet insurance	9 (4.8%)
Grooming	7 (3.7%)
License/tag/chip	3 (1.6%)
Dog day care	3 (1.6%)
Difficulty Affording SDog Costs	Frequency (%)
Veterinarian fees	83 (31.6%)
Cost of training an SDog	61 (23.2%)
Pet insurance for an SDog	58 (22.1%)
Cost of purchasing an SDog	50 (19.0%)
Cost of SDog equipment (e.g., vest/harness, leashes, etc.)	50 (19.0%)
Food costs	46 (17.5%)
Cost of testing an SDog for certification	33 (12.5%)
Cost of re-certifying an SDog	14 (5.3%)
Cost of an SDog identification card	9 (3.4%)

Note. Participants could select more than one response for each question.

3.4. Waiting Time to Acquire an SDog

While most respondents indicated there was no waiting time involved with acquiring their SDog ($n = 129/215$; 60.0%), a sizeable portion indicated there was ($n = 86/215$; 40.0%). The average wait time was $M = 18.7$ months ($SD = 16.7$). A mediating factor in the length of wait times for some respondents ($n = 15/86$; 17.4%) was an extended period due to waiting for a puppy from a specific breeder. See Table 5 for the full list of wait time ranges reported.

Table 5. Wait time ranges for acquiring an SDog.

Variable and Response Options	
Time range	Frequency (%)
Less than 12 months	26 (30.2%)
12 to 23 months	25 (29.1%)
24 to 35 months	14 (16.3%)
36 to 47 months	2 (2.3%)
48 to 59 months	3 (3.5%)
60 months or longer	5 (5.8%)
Indicated a wait time but no time specified	11 (12.8%)

3.5. Experience Contacting Service Dog Organizations

Most respondents ($n = 121/179$; 61.4%) indicated they contacted 1–2 SDog organizations ($M = 2.28$, $SD = 2.42$, range = 1 to 21; Table 6), primarily from Canada ($n = 189$, 71.9%) and with a few from the United States ($n = 20$, 7.6%). Respondents generally learned about SDog organizations through online search engines (e.g., Google; $n = 147/242$, 60.7%), social media pages (e.g., Facebook; $n = 89/242$, 36.8%), websites or social media pages about people with disabilities ($n = 50/242$, 20.7%), websites or social media pages dedicated to mental health ($n = 45/242$, 18.6%), referrals and word of mouth ($n = 35/242$, 14.5%), or health care professionals ($n = 32/242$, 13.2%). The most common qualities respondents looked for to ensure they could trust an SDog organization and trainer(s) were ‘specific SDog training skills/qualifications’ ($n = 162$, 61.6%), ‘skills/qualifications in dog training’ ($n = 157$, 59.7%), and ‘several years of experience working with SDogs’ ($n = 144$, 54.8%). See Table 6 for additional qualities.

Table 6. Number of SDog organizations contacted and perceived signs of trustworthiness.

Variables and Response Options	
Number of SDog Organizations Contacted	Frequency (%)
0	20 (10.2%)
1	78 (39.6%)
2	43 (21.8%)
3	20 (10.2%)
4	12 (6.1%)
5	11 (5.6%)
6 or more	13 (6.6%)
Qualities Suggesting SDog Organization and Trainer(s) are Trustworthy	Frequency (%)
Specific SDog training skills/qualifications	162 (61.6%)
Specific dog training skills/qualifications	157 (59.7%)
Several years of experience working with SDogs	144 (54.8%)
Have their own SDog they work with	59 (22.4%)
College or university degree	23 (8.7%)
Appropriate knowledge	21 (8.0%)
Good reputation	17 (6.5%)
Accreditation or certifications	11 (4.2%)
Other: charity/non-profit, long reputation, local, successful track record, availability, good quality dogs.	15 (5.7%)

Note. Participants could select more than one response for trustworthy qualities.

3.6. Perceptions of SDog Organizational Service Provision

Of the respondents who had previous interactions with a Canadian SDog organization, most were ‘very satisfied’ or ‘satisfied’ with the services provided (Table 7). The most common SDog organizational requirements reported by participants who had interactions or contact with an organization were a referral letter from a prospective handler’s family physician or mental health professional ($n = 138$, 52.5%), assessment of prospective handler disability needs ($n = 136$, 51.7%), and assessment of prospective handler readiness for an SDog ($n = 131$, 49.8%). The most reported topics covered by SDog organizations were how to interact with people in public spaces ($n = 157$, 59.7%), the definition of an SDog ($n = 154$, 58.6%), and how to react to people who try to interact with your SDog in public ($n = 152$, 57.8%). The full array of responses for these questions is available in Table 7.

Table 7. Participant perceptions of SDog organizational services.

Variables and Response Options	
Reported Satisfaction with Support from SDog Organizations ($n = 199$)	Frequency (%)
Very satisfied	104 (52.3%)
Satisfied	38 (19.1%)
Neither satisfied not dissatisfied	17 (8.5%)
Dissatisfied	10 (5.0%)
Very dissatisfied	15 (7.5%)
Never dealt with an SDog organization	13 (6.5%)
SDog Organizational Requirements	Frequency (%)
Referral letter from your family physician or mental health professional	138 (52.5%)
Assessment of your disability needs	136 (51.7%)
Assessment of your readiness for an SDog	131 (49.8%)
Assessment of your dog’s suitability to become an SDog	110 (41.8%)
Reassessments over time (e.g., annually)	109 (41.4%)
Assessment of your home	105 (39.9%)
Assessment of your family’s readiness for an SDog	92 (35.0%)
Assessment of your past experiences with companion dogs (e.g., living with them, raising them, training them, etc.)	88 (33.5%)
Assessment of allergies to dogs for you and your significant others (e.g., spouses/partner, children, family members, friends)	64 (24.3%)
Assessment of fears of dogs for your or your significant others	46 (17.5%)
Assessment of your significant others’ past experiences with companion dogs	41 (15.6%)
Topics Covered by SDog Organizations	Frequency (%)
How to interact with people in public spaces	157 (59.7%)
The definition of an SDog	154 (58.6%)
How to react to people who try to interact with your SDog in public	152 (57.8%)
The importance of the human–animal bond	130 (49.4%)
How to train your SDog at home	128 (48.7%)
Dog welfare	125 (47.5%)
How often to train your SDog	125 (47.5%)
Hygiene practices with your SDog	125 (47.5%)

Table 7. *Cont.*

Variables and Response Options	
The range of normal behaviours in dogs	114 (43.3%)
How to integrate your SDog into your family	114 (43.3%)
Financial costs of living with an SDog (e.g., pet insurance, veterinary care, food costs, etc.)	114 (43.3%)
Your knowledge levels about general dog training	113 (43.0%)
Financial costs of training an SDog	109 (41.4%)
How to integrate your SDog with other pets	108 (41.1%)
Peer support with SDog training	105 (39.9%)
Online SDog training opportunities	96 (36.5%)
When to retire your SDog(s)	86 (32.7%)
How to involve your significant others in your training program	72 (27.4%)
What to do if your SDog(s) is/are not a good fit for you, your disability needs, and/or your lifestyle	51 (19.4%)
Insurance options for your SDog	50 (19.0%)
How to involve your mental health professional in your training program	45 (17.1%)
Fundraising options for your SDog	42 (16.0%)
How to involve your family physician in your training program	31 (11.8%)

Note. Participants could select more than one response for each variable.

4. Discussion

This study was designed to develop empirical knowledge of consumer experiences with navigating the Canadian SDog industry. We set out to determine the most common processes and pathways followed by consumers to acquire and/or train an SDog in Canada, potential barriers and facilitators consumers experience when trying to acquire and/or train an SDog, and ways in which Canadian SDog organizations support consumers in making informed decisions about acquiring and having an SDog.

4.1. Common Processes and Pathways to Acquiring an SDog

There were diverse experiences and processes reported by participants with respect to acquiring an SDog in Canada, which aligns with reports of the industry being unstandardized (CAPDT 2024; HRSO and SCC 2023; Vincent et al. 2017; Williamson et al. 2025a). Based on our sample, the typical respondent:

- Resided in Ontario, Alberta, or British Columbia in an urban setting, which may be the result of our recruitment strategies.
- Was an English-speaking woman civilian in a committed relationship who had children and other pets besides their SDog, and post-secondary educated with a yearly income between \$0–\$59,999 (note: this cut off splits the responses into a roughly equal 50/50 split of lower and upper income range, which happens to coincide with recent reports of low income measure thresholds by income source and household size in Canada; Statistics Canada 2026).
- Worked with their first SDog they acquired in the prior 5 years, inexperienced in formally training dogs, but grew up with dogs and cats and had no negative experiences with dogs.
- Needed an SDog to support their mental health disability/ies, trained their SDog either on their own or with support from an SDog organization or independent dog trainer, which meant they did not wait for their dog.
- Completed basic obedience, public access, and/or task-specific training with their SDog daily from 0 to 5 h using positive reinforcement or fear-free training approaches.
- On average, spent \$2567 to purchase their dog and \$6695 for ongoing training.

- Contacted 1–2 Canadian SDog organizations, and if they received any support from them, they were satisfied or very satisfied with it.

The typical SDog, based on participant responses, was a puppy when they began training, task-trained to support mental health disabilities with alerting and deep pressure therapy, and a specific breed (i.e., Labrador/Retriever cross, Labrador, Golden Retriever).

The predominance of owner-training of SDogs for mental health disabilities within this sample suggests the wait times and/or costs associated with SDog training and dog acquisition programs may have been too long and high for individuals. Issues with costs may be supported by the yearly incomes reported by a majority of the sample, while concerns with wait times of 2 or more years being perceived as “too high” have been noted in some reports and research, particularly since SDogs can be raised and begin training in that amount of time (CAPDT 2021; Lamontagne et al. 2019). The findings might also suggest that individuals felt comfortable enough training a dog on their own. The predominance of owner-training among the sample does not necessarily indicate the SDog teams are poorly trained, yet most participants reported having no experience working professionally with dogs, and not all sought professional support. Even though many participants relied on training support from SDog organizations and independent dog trainers, the lack of regulations and unified standards in the SDog and broader dog training industries in Canada, as well as within the research literature base more broadly, means the quality of services can vary and there is generally no clear agreement on what is sufficient. For example, what constitutes an ‘obedient dog’ is up for debate given the lack of standards for dog training overall and the idea held by some that the disability-specific tasks an SDog is trained to complete for their handler should be prioritized over simple obedience (Government of Alberta 2025). Globally, there are inconsistencies with expectations regarding what constitutes a ‘legitimate’ SDog, what public access rules SDog teams must follow, and what is needed for SDog certification (Dial 2019). Some people believe a ‘legitimate’ SDog is seen and not heard, solely focused on their handler, unwavering in their obedience, stoic, and robotic (Williamson et al. 2025b). Further, while the recommendation/prescription of SDogs as a disability management strategy falls under the scope of practice for healthcare professionals, research suggests that their formal education on the topic and overall knowledge is low (Chan et al. 2022; Lamontagne et al. 2019).

Some believe SDogs should not engage in natural behaviours while on duty in public, such as relieving themselves or eating their food, which violates animal welfare principles, and that SDogs (and their handlers) should be okay with people petting, talking to, giving treats to, and taking photos of SDogs in public spaces (Williamson et al. 2025b). Others recognize that some SDogs must bark to alert their handler, many engage with family members in the home, and all should be free to express a range of natural behaviours and emotions (IAHAIO 2018; Total K9 Focus 2022). A recent study of animal-assisted professionals’ perceptions of animal welfare for dogs involved with AAS highlights the importance of recognizing and understanding the physiological and psychological needs of dogs by observing their body language (Ameli et al. 2025). Less than half of our sample reported learning about their dog’s body language, which may mean they are missing key aspects of animal communication and welfare.

Given the public access rights afforded to SDog teams in Canada, there is also debate around the need to centre public access over disability-specific task training. To this end, some groups have adopted the Canine Good Neighbour (Canadian Kennel Club 2025) and St. John Ambulance Therapy Dog criteria for SDog assessments, which focus on public access capabilities rather than a dog’s ability to perform a disability-related task for their handler (Government of Nova Scotia n.d.). Among our sample, roughly 50% reported engaging in public access training, and another 50% reported engaging in disability-specific task training. While the disability-specific task training is essential

for mitigating a person's disability and can help in legitimizing an SDog, public access training has broader implications since SDogs who are not sufficiently prepared to be in public spaces can negatively affect other people and non-human animals and ultimately compromise the legitimacy of other SDog teams and their own welfare. Further, dogs who are not appropriately selected and/or trained are at risk of retiring (colloquially referred to as 'washing out'), whereby they are no longer capable of supporting their handler (Bray et al. 2021). Overall, more research on SDog training and public access standards is warranted.

There was a broad range of disabilities reported by handlers, suggesting a broad range of SDog types, including psychiatric, biomedical, mobility/physical, and guide dogs. The predominance of participants who reported having an SDog to aid with their not outwardly visible mental health disabilities could reflect the increasing scope of SDog work as well as a broader societal decrease in mental health stigma and increased adoption of a biological framework to understand psychiatric conditions (Deacon 2013; Kvaale et al. 2013; Schomerus et al. 2012). The use of the broad term "service dog" in our study advertisements and our use of an online questionnaire may have also biased our recruitment efforts, whereby some individuals may not have identified with the term SDog. Researchers have provided suggestions for uniform terminology pertaining to SDogs (e.g., Binder et al. 2024; Howell et al. 2022), yet international variations abound. For example, Lundqvist (2022) from Sweden conceptualizes 'assistance dogs' as an umbrella term encompassing 'guide dogs', 'hearing dogs', and 'service dogs', then further separates SDogs into 'physical', 'diabetes alert', and 'seizure alert' dogs, without mention of SDogs for psychiatric disabilities. Within the NSC (HRSO and SCC 2023), assistance or SDog is defined as, "A human services assistance animal (HSAA) that has been individually trained by an organization or person specializing in Assistance/Service Dog training to perform a task to assist an individual with their disability or with a need related to their disability and always lives with the individual" (p. 9), which somewhat aligns with proposed research-based definitions (Binder et al. 2024; Howell et al. 2022).

Program-matched SDogs reflected commonly chosen breeds (e.g., Golden Retriever, Labrador Retriever) (Bray et al. 2021; Ennik et al. 2006; Link and Wice 2021; Parenti et al. 2015), but there was much greater breed diversity reflected in cases where handlers could select their own dog. The literature regarding the efficacy of various dog breeds for SDog work is relatively scant, despite common industry practices. There are also potential concerns related to some breeds and characteristics that may not be suitable for certain tasks (e.g., small breeds for certain mobility needs) or granted public access (e.g., 'pitbulls' in Ontario), or the health of the dog in extreme temperatures may be in question due to breed characteristics (e.g., brachycephalic) (Link and Wice 2021; Parenti et al. 2015; Marcato et al. 2022). Public perception also matters since the legitimacy of an SDog may be in question if the breed does not match expectations or cultural norms (Link and Wice 2021). Although many SDog organizations source or breed their own dogs, increasingly shelter or rescue dogs are being selected for SDog work as a means for managing overcrowded facilities, providing dogs with homes, lowering costs, and addressing long consumer wait lists (Bray et al. 2021; Contalbrigo et al. 2025). However, there is a lack of standardized protocol for assessing dogs' suitability for SDog work, which raises ethical concerns (Contalbrigo et al. 2025; Weiss 2002). Overall, considerations of animal welfare are underexamined in the broader literature on SDogs and more research is needed (Ameli et al. 2025; Winkle et al. 2020; Whitworth and Stewart 2024).

4.2. Barriers and Facilitators to Acquiring and/or Training an SDog

Involvement of healthcare professionals (HCP) was commonly reported by way of providing referrals to SDog organizations, which most participants indicated were easy to

acquire. The continued involvement of an HCP after acquiring an SDog was mixed, with some HCPs following up with handlers while others did not. The role of HCPs in, and their knowledge levels of, the SDog industry (e.g., wait times, costs, program accessibility by region), as well as their overall knowledge of SDogs, is not well understood and more research is needed in this area (Pierce and Dreschel 2023; Chan et al. 2022; Lamontagne et al. 2019; Lopez 2025), especially considering they possess a lot of power and influence. HCP referrals are often required not just for SDog programs, but also for employers, landlords, and some travel companies (Williamson et al. 2025a).

The current sample was split when it came to wait times, but reported wait times were mainly related to SDog training programs. Based on the number of participants who trained their own dogs, it is likely that many may have been initially deterred by the prospect of a wait time, so never bothered to get on a wait list, or they may have gotten impatient and decided on a different path. The average cost of purchasing an SDog seemed lower than what has been previously reported (CAPDT 2021), but this likely reflects the predominance of owner-trained dogs in the current sample. However, when other regular SDog costs were considered, including veterinary fees, food, and training, the expense was relatively high for some participants. Indeed, there were many reported difficulties in affording the costs given relatively low yearly incomes. As such, many HCPs may be writing referrals that do not guarantee their patient will acquire an SDog in a burden-free and timely manner.

4.3. SDog Organizations Supporting Consumers in Making Informed Decisions About Having an SDog

Most of the sample had connected with one to three SDog organizations, which may reflect the fact that there are many to choose from in Canada (Williamson et al. 2025a). Participants' decision of who to work with seemed to be guided primarily by perceived skills/qualifications in dog and SDog training as well as the number of years of experience working with SDogs. Given that the SDog and broader dog training industries in Canada are unstandardized and unregulated, there is no way to guarantee the information provided by organizations is accurate or sufficient (Cavalli and Fenwick 2025). Further, given that the current sample was primarily inexperienced with respect to dog training, their ability to accurately determine the quality of an SDog organization's services is unclear. Overall, though, participants reported being very satisfied or satisfied with the support/help they received from SDog organizations.

With respect to SDog organizational practices, HCP referral letters, assessment of disability needs, assessment of handler readiness for an SDog, managing public interactions, and defining an SDog were common practices. Less common practices reported related to integration of the dog in the family (e.g., assessing family for readiness and past experiences with dogs), involving family and HCPs in training programs, preparing for SDog retirement and what to do with a dog that is not well-suited to your life and needs, and financial matters (e.g., fundraising, insurance). These findings align with our team's environmental scan of the Canadian SDog industry (Williamson et al. 2025a). Researchers who have examined clients' loss of an SDog note how strong relationships with SDog organizations can be key protective factors in mitigating grief (DeSantis and Gerlach 2025). Researchers also note that preparing clients for loss and facilitating opportunities to maintain a meaningful connection with the dog after its passing or retirement are effective strategies for encouraging emotional healing (DeSantis and Gerlach 2025; Bussolari et al. 2024; Currin-McCulloch et al. 2022; Gibson et al. 2022; Kogan et al. 2021).

4.4. Study Strengths and Limitations

There are strengths and limitations to note for the current study. A major strength is that this is the first attempt to develop empirical knowledge of consumer experiences with navigating the Canadian SDog industry. This study also offers insight into an underserved and often misunderstood population and some of the challenges they have experienced. Given the challenge of recruiting a national sample from an overburdened population, our sample size may be considered relatively good and on par with other similar studies (Singleton 2023). Recruitment occurred for nearly a year but may have been limited by our sampling approach (i.e., snowball sampling) and our choice of terminology (i.e., service dog over assistance or guide dog). While the choice to employ an online questionnaire suited the goals of our research, it is not as in-depth as a qualitative investigation (e.g., one-on-one interviews) may have been. In some cases, variables were left open for interpretation (e.g., training), so future studies may benefit from the inclusion of operational definitions. Further, there may be disability accessibility needs we did or could not account for with an online questionnaire. There are several additional variables we could have examined within the current study, including handlers' experiences incorporating an SDog into their public and private lives and canine welfare, which is increasingly being considered (Griffin and Vinke 2025; Koh et al. 2025; Leighton et al. 2025; Verbeek et al. 2024). Given the questionnaire was already quite long, we ultimately selected variables that aligned most with our research questions. To this end, we are preparing additional data for publication not reported in the current article (e.g., public access experiences, integrating a dog into a family home).

5. Conclusions

As the demand for SDogs continues to grow, understanding the scope of SDog availability, acquisition pathways, and service provision in Canada, including facilitators and barriers, is paramount. We found there was no single pathway to acquiring an SDog in Canada. Although Canadian SDog organizations seem to be providing high-quality services, a large proportion of consumers have relied on self-training to acquire an SDog, presumably due to low industry supply, high wait times, and high financial and emotional costs. Given the lack of a reporting mechanism to understand the scope of, as well as the varying standards around, SDog teams and service provision, it is not currently possible to conclude whether our sample represents a typical Canadian SDog handler experience. Ultimately, there are numerous gaps in our understanding of SDog team experiences in Canada and future research is warranted, including the role of healthcare professionals, how intersectional considerations affect the SDog acquisition process, strategies for improving the affordability of SDogs, perceptions, knowledge, and behaviours of industry workers, prospective handlers, and the public. While the lack of national SDog regulations and standards in Canada offers a lot of freedom and choice for consumers and providers, an unstandardized industry is also challenging to empirically examine, particularly when considering SDog efficacy and service provision. As such, there is a need to further examine the potential development and implementation of industry and research standards, particularly in key areas of SDog welfare, service provision, terminology, and educating the public.

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