

Assistance Dog Application Form

Providing false information during this application is an offence under the Domestic Animals Act 1994 and carries a penalty of 5 penalty units



Section 1: Details of dog owner/handler

In this section you will need to provide the details of the dog owner/handler.

Title:					☐ Mr	☐ Mrs	☐ Ms	☐ Miss	☐ Other						
First Name:															
Surname:															
Date of Birth: (DD/MM/YYYY)															
Address:															
										Postcode					
Phone number: Home:					Work:					Mobile:					
Email address:															
Postal address: (if different to above)															
										Postcode					

Where the owner/handler of the assistance dog is under the age of 18, the details of the parent or guardian will need to be provided below.

Parent or Guardian Details

Title:					☐ Mr	☐ Mrs	☐ Ms	☐ Miss	☐ Other						
First Name:															
Surname:															
Address: (if different to above)															
										Postcode					
Contact number: Home:					Work:					Mobile:					
Relationship to applicant:															

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Section 2: Details of the assistance dog

In this section you will need to provide the details of the dog and training it has received

Dogs name:	Date of birth ____/____/____		
Breed:			
Colour:	Sex:	☐ Male	☐ Female
Microchip Number:			

Is the dog a declared dangerous, menacing, or restricted breed dog?	☐ Yes	☐ No
Is the dog over 12 months of age?	☐ Yes	☐ No
Is the dog desexed?	☐ Yes	☐ No
Has the dog been trained to perform tasks or functions that assist a person with a disability to alleviate the effects of his or her disability?	☐ Yes	☐ No

Please provide the details of the person or organisation that trained your dog to be an assistance dog.

Note: A person may self-train their dog to assist in alleviating the effects of their disability.

Trainer's full name:		
Company Name:		
Contact number: Home:	Work:	Mobile:
Email Address:		
Qualifications:		

Has the dog completed obedience training provided by a dog trainer, either separately, or as part of the training undertaken to perform tasks or functions that assist the person with a disability to alleviate the effects of his or her disability?		☐ Yes	☐ No
Date obedience training was completed.	Date: ____/____/____		

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Section 3: Dog trainer declaration

This section will need to be completed by the dog trainer upon successful completion of the obedience training.

- ☐ I am an independent dog trainer that holds the relevant qualification.
- ☐ I am a qualified dog obedience trainer from a dog obedience training organisation approved under the DA Act.

Trainer's full name:		
Company /Organisation:		
Contact number: Home:	Work:	Mobile:
Email Address:		
Qualifications: ☐ Certificate III in Dog Behaviour and Training ☐ Certificate IV in Companion Animal Services		
Handler's Name:		
Dogs Name:		
Date training was successfully completed Date ____/____/____		

I declare that the following is true and accurate:

- The handler keeps the dog under effective control at all times; and
- The dog is responsive to a handler's obedience commands; and
- The dog walks to heel with a handler, without sniffing, marking or wandering; and
- The dog does not exhibit inappropriate aggressive behaviour e.g. growling, biting, raising hackles, showing teeth; and
- The dog does not exhibit anxiety, stress, fear, or undue excitement when in public places; and
- The dog displays standards of hygiene appropriate for a public place; and
- I have read all the relevant information contained within this form, and verify that it is correct to the best of my knowledge; and
- I am not the person (applicant) seeking zero-cost registration for my dog.

I support _____ (applicant's name) application for a registration fee exemption for _____ (name of dog) as an 'assistance dog' as defined under the *Equal Opportunity Act 2010* and believe the dog is suitably trained and has appropriate behaviour for performing in the capacity of an 'assistance dog' in public places.

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Signature: _____ Date ____/____/____

Section 3: Health Professional declaration

This section is to be completed by a health professional.

I am currently practicing as a	
☐ Psychologist/Psychiatrist	☐ Psychologist/Osteopath
☐ Specialist (specify)	☐ Other Allied
Health Professional's name:	
Handler's Name:	
Duration of treatment:	

I declare that the following is true and accurate:

- I am not the applicant, or an immediate family member of the applicant; and
- I have read all the relevant information contained within this form, and verify that it is correct to the best of my knowledge; and
- I verify that the applicant has a disability and will require the services of an assistance dog to
- alleviate the effects of their disability.

Signature: _____ Date: ____/____/____

AHPRA Registration Number: _____

Professional Stamp (Must include name and address)

**Insert professional stamp here*

Please note: Changes in this section can be made only by the health practitioner and accompanied by their signature (not initials) and professional stamp.

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Contact Council



03 5153 9500



feedback@egipps.vic.gov.au



eastgippsland.vic.gov.au



PO Box 1618, Bairnsdale 3875

Customer Service Centres:

- **Bairnsdale:** 273 Main Street
- **Lakes Entrance:** 18 Mechanics Street
- **Mallacoota:** 70 Maurice Avenue
- **Omeo:** 179 Day Avenue
- **Orbost:** 1 Ruskin Street
- **Paynesville:** 55 Esplanade

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