Assistance Dog

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

Dog owner/handler details:

First Name:	Surname:
Date of Birth: _____ / _____ / _____	
Residential address:	
	Postcode:
Postal address:	
	Postcode:
Contact number:	
Email address:	

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:

First Name:	Surname:
Residential address:	
	Postcode:
Contact number:	
Relationship to applicant:	

Assistance dog details:

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

Collection Notice
East Gippsland Shire Council collects information provided by you in this form to consider your application to register and assistance dog. East Gippsland Shire Council will only disclose your personal contact information to a third-party where required to do so by law. Information shared in this situation will be in accordance with the requirements of the Privacy and Data Protection Act 2014. If incorrect information or details are provided Council will be unable to assist you with this request. For more information on Council's Privacy Policy, please visit Council's *Privacy Statement* on our website or email feedback@egipps.vic.gov.au if you have any questions. AUG 26

Person or organisation that trained your dog to be an assistance dog details:

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

Trainer's first name:	Last name:
Company Name:	
Contact number:	
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: ____/____/_____	

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 first name:	Surname:
Company/Organisation:	
Contact number:	
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 ____/____/_____	

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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.

Signature: _____ Date ____/____/_____

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: _____

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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.

Office Use Only:	
CS Stamp:	IM Stamp:

Contact Council

Phone: 03 5153 9500

Email: feedback@egipps.vic.gov.au

Website: eastgippsland.vic.gov.au

Mail: PO Box 1618, Bairnsdale VIC 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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