



Assistance Dog Accreditation Application

Applicant Details

Name _____ (please print)

Street Address _____

Postcode _____ D.O.B. ____/____/____

Postal Address (if different from above) _____

Postcode _____

(p) _____ (m) _____ (e) _____

What is the best way to contact you in relation to this application?

Please describe your disability (diagnosed by a registered medical practitioner)

Please describe the services your dog performs to alleviate your disability and why you require your dog in public places

Dog Details

Dog Name _____

Registration no. _____ Council _____

Dog Age _____ Breed _____

Microchip no. _____

Has the following ever been issued in relation to the dog?

- Dangerous, menacing, nuisance or barking dog order? Yes No
- Expiation issued for an attack? Yes No
- Expiation issued for wandering at large? Yes No
- Expiation issued for barking? Yes No

If Yes to any of the above please provide details:

Required Documents (applications will not be assessed until all relevant documentation is received)

- Medical Report Attached? Yes No
- Veterinary Report Attached? Yes No
- Training Report Attached? Yes No
- Applicant Terms and Conditions Attached? Yes No

Applicant Declaration

- I certify that to the best of my knowledge the information in this application is accurate Yes
- I have an ongoing disability and require my dog in public places to alleviate that disability Yes
- I agree that the Medical Practitioner, Veterinarian, and Trainer/Training Organisation may disclose any information relating to this application to the Board to assist with its assessment Yes
- I acknowledge that further information may be requested by the Board to enable assessment of this application Yes
- I understand and accept all conditions of the Accreditation of Assistance Dogs Policy and the Applicant Terms and Conditions Yes

Signed _____ Date _____

The Dog and Cat Management Board (the Board) will collect and store the information you voluntarily provide to enable processing of the assistance dog accreditation application. The information will be provided to relevant staff and Board members where necessary. Any personal information provided by you will be stored in a database. The information will only be used for the purpose it was collected and in line with the South Australian Government's Information Privacy Principles.

Please note: Applicants must keep a copy of all forms before posting the originals to the Board, to ensure a copy is available if the original is lost in the mail.



MEDICAL REPORT FOR ASSISTANCE DOG APPLICATION

DOG OWNER'S DECLARATION:

I hereby grant permission for the medical practitioner below to submit the attached confidential report to the Dog and Cat Management Board of South Australia.

Signed: _____ Date: _____

Dear Medical Practitioner,

Dogs that materially aid disabled people are sometimes granted special access to public places that usually exclude animals for safety reasons. We, the Dog and Cat Management Board, are charged with the responsibility of ensuring that accredited assistance dogs in South Australia are both necessary and appropriately trained for their assigned role. **We are asking that you assist us in providing a confidential report on the degree to which your patient's dog provides an essential aid to your patient in public places.**

Kindly circle for each item below the degree to which the dog in question provides, or could provide, a necessary aid to your patient in a public place, where

1 represents not at all

5 represents desirable but not really necessary

10 represents absolutely essential

Appropriate response to <u>visual</u> cues in the environment (kerbs, street crossings, steps, crowds, obstacles, etc)									
1	2	3	4	5	6	7	8	9	10
Appropriate response to <u>audio</u> cues in the environment (signals, alarms, reversing or approaching motor vehicles, etc)									
1	2	3	4	5	6	7	8	9	10
Relief of debilitating emotional or cognitive states (anxiety, phobia, etc)									
1	2	3	4	5	6	7	8	9	10
Support for balance control and/or direction finding									
1	2	3	4	5	6	7	8	9	10
Signalling to others in the environment the compromised status of the patient									
1	2	3	4	5	6	7	8	9	10

If required, please provide additional relevant information:

We may contact you if further information or clarification is required.



Based on the above assessment, it is my professional opinion that _____
(patient's name) requires the assistance of their dog in public places to alleviate the
effects of their disability and I support their application for the accreditation of an
'assistance dog' as defined under the *Dog and Cat Management Act 1995*.

I give permission to be contacted in relation to this application Yes No

Practitioner's Signature: _____ Date: _____

Patient's Name: _____

Dog's Name: _____

The patient has the following medical diagnosis that requires the support of an
assistance dog

(You may attach additional information or relevant evidence)

Name of Medical Practitioner: _____

Medical Registration Number: _____

Address of Practice: _____

Phone: _____ Email: _____

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Assistance Dog Accreditation Application - Veterinary Report

Veterinarian's Name: _____ (please print)

Veterinarian Registration Number: _____

Address of Practice: _____

Contact Details

p) _____ (e) _____

I support _____ (applicant's name) application for accreditation to use _____ (name of dog) as an 'assistance dog' as defined under the Dog and Cat Management Act 1995 and believe the dog is physically healthy and capable of performing in the capacity of an 'assistance dog' in public places.

I verify that the dog:

Table with 2 columns: Question and Yes/No checkboxes. Rows include: Is physically fit, Has been health checked and has no infectious diseases, Is vaccinated and wormed, Is desexed, Does not exhibit inappropriate aggressive behaviour e.g. growling, biting, raising hackles, showing teeth, Displays standards of hygiene appropriate for a public place, Is microchipped and details registered, Is responsive to the owner's obedience commands.

Additional comments: _____

I give permission to be contacted in relation to this application Yes No

Signed _____ Date _____

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Assistance Dog Accreditation Application - Training Report

Dog Trainer's Name: _____ (please print)

Company Name and ABN: _____

Address of Trainer/Training Organisation: _____

Phone: _____ Email: _____

Trainer's qualifications: _____

Applicant's Name: _____ Dog's Name: _____

Please provide details of the obedience training you undertook with the applicant and their dog: _____

Please provide the dates that the obedience training occurred: _____

I verify that:

Table with 2 columns: Statement and Yes/No checkboxes. Statements include: 'The dog has reached a training level of at least grade 4 in obedience training.', 'I have read the Board's Public Access Test...', 'The dog is responsive to the owner's obedience commands.', etc.

I support _____ (applicant's name) application for accreditation to use _____ (name of dog) as an 'assistance dog' as defined under the Dog and Cat Management Act 1995 and believe the dog is suitably trained and has appropriate behaviour for performing in the capacity of an 'assistance dog' in public places.

I give permission to be contacted in relation to this application Yes No

Signed _____ Date _____

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Applicant Terms and Conditions – Assistance Dog Accreditation

I, _____ (please print full name) agree to the following terms and conditions, if my dog is granted accreditation as an ‘assistance dog’:

- I will carry my identification card when accessing public places with my assistance dog and will produce the card when requested as evidence of my dog’s accreditation.
- I am responsible for keeping my assistance dog under effective control at all times.
- I am responsible for any injury, loss or damage, however caused or contributed to, by my assistance dog at any building, place or transport.
- I understand that the accreditation only applies to my assistance dog when the dog is accompanied by me and is under effective control by physical restraint (e.g. a lead of no more than two metres).
- I will not allow my assistance dog to:
 - Unduly approach or interfere with other people or animals;
 - Cause any undue distress or inconvenience to any other person;
 - Cause any risk to the health and safety of any person;
 - Disrupt the operations of services;
 - Sit on seats or service areas (e.g. counter tops, tables);
 - Block doorways or aisles (where an alternative is available);
 - Toilet on seats, service areas, in premises, or on public transport.
- I must advise the Board within one working day if my assistance dog breaches any provision of the *Dog and Cat Management Act 1995* (e.g. wandering at large, attacking, chasing).
- I must contact the Board to advise any change of my residential address or contact details.
- I understand that I must retake and pass the Public Access Test prior to my assistance dog’s accreditation expiring, to maintain my dog’s accreditation.
- I accept that the Board may revoke my assistance dog’s accreditation, as set out in the ‘Accreditation of Assistance Dogs’ Policy.

Signed _____ Date _____

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