

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: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____								
First Name:								
Surname:								
Date of Birth: (DD/MM/YYYY)								
Address:								
			Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number: Home:		Work:		Mobile:				
Email address:								
Postal address: (if different to above)								
			Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____								
First Name:								
Surname:								
Address: (if different to above)								
			Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact number: Home:		Work:		Mobile:				
Relationship to applicant:								

Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

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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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Microchip Number:			

Is the dog a declared dangerous, menacing, or restricted breed dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the dog over 12 months of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the dog desexed?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: <input type="checkbox"/> Certificate III in Dog Behaviour and Training <input type="checkbox"/> 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	
<input type="checkbox"/> Psychologist/Psychiatrist	<input type="checkbox"/> Psychologist/Osteopath
<input type="checkbox"/> Specialist (specify)	<input type="checkbox"/> 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



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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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