

DOG TRAINER & HEALTH PROFESSIONAL DECLARATION FORM

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

SECTION 1: 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 *Domestic Animals Act*

TRAINER'S FULL NAME:

COMPANY NAME:

CONTACT NUMBER:

EMAIL:

- QUALIFICATIONS: CERTIFICATE III IN DOG BEHAVIOUR AND TRAINING
- CERTIFICATE IV IN COMPANION ANIMAL SERVICES

HANDLER'S NAME:

DOG'S NAME:

DATE TRAINING WAS SUCCESSFULLY COMPLETED: DD / MM / YYYY

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 handlers 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 (APPLICANTS 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 that the dog is suitably trained and has appropriate behaviour for performing in the capacity of an 'assistance dog' in public places.

Signature: Date: DD / MM / YYYY

SECTION 2: HEALTH PROFESSIONAL DECLARATION

This section is to be completed by a health care professional.

I am currently practicing as a:

- PSYCHOLOGIST / PSYCHIATRIST
- SPECIALIST (specify)
- PHYSIOTHERAPIST / OSTEOPATH
- OTHER ALLIED HEALTH PROFESSIONAL (specify)

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 best of my knowledge, and
- I verify that the applicant has a disability and will require the services of and assistance dog to alleviate the effects of their disability.

Signature: Date: DD / MM / YYYY

AHPRA Registration Number:

Professional Stamp (must include name and address): (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.

SECTION 3: ASSISTANCE DOG FREE REGISTRATION TERMS AND CONDITIONS

The *Commonwealth Disability Discrimination Act 1992* and *Victoria's Equal Opportunity Act 2010* protect people with disabilities from discrimination. This includes protection from discrimination because a person has an assistance dog. The registration fee exemption does not provide further protections or access rights for assistance dogs, it only entitles an assistance dog to a registration fee exemption with council.

To be eligible for the assistance dog registration fee exemption, it is a requirement that your dog is not:

- A declared dog (Dangerous/Menacing);
- A restricted breed dog;
- Younger than 12 months of age.

Your assistance dog must both be obedience trained and trained to alleviate the effects your disability. Obedience training must be provided by a dog trainer, where:

Dog trainer means a person who:

- (a) provides training at a dog obedience training organisation approved under section 5B of the Act; or
- (b) has a Certificate III in Dog Behaviour and Training or Certificate IV in Companion Animal Services.

Obedience training means a training program that assesses an assistance dog in the following:

- (a) heeling or walking with a handler, without sniffing, marking or wandering;
- (b) sociability with other dogs;
- (c) responsiveness to a handler's commands, including staying on command (known as a stay test) and coming to a handler on command (known as a recall test);
- (d) absence of aggression towards humans or other animals;
- (e) absence of anxiety, stress, fear, or undue excitement when in public places; and
- (f) standard of hygiene appropriate for a public place.

If you, as the owner/handler of the assistance dog, are convicted of two or more offences under the *Domestic Animals Act* with respect to the same assistance dog, the assistance dog is no longer eligible for the zero-registration fee and you will be required to pay the full registration fee.

It is understood that the applicant accepts the 'Assistance dog free registration terms and conditions' when submitting this application form.

SECTION 4: APPLICANT/GUARDIAN/AGENT STATEMENT

The applicant or the guardian/agent must sign the following.

By signing below, I verify the following:

- I certify that to the best of my knowledge the information in this application is correct;
- I have a disability and I require the assistance of an assistance dog;
- I accept that my medical practitioner and/or the trainer(s) of my assistance dog may be contacted to verify information provided in this application;
- I understand and accept the terms and conditions set out in Section 5 of this form.

Signature of applicant or guardian/agent (must be 18 years and over): **Date:** DD / MM / YYYY

If the applicant is under 18 years of age, or is unable to sign the application, the applicant's guardian/agent needs to complete and sign the section below.

FULL NAME OF GUARDIAN / AGENT:

I declare that I have read and explained the contents of this application to the applicant and that the details set out for the applicant are correct.

RELATIONSHIP TO APPLICANT:

PHONE NUMBER:

OFFICE USE ONLY:

Checklist to approve the assistance dog registration:

- the dog is desexed
- the dog is at least 12 months of age
- the dog is not a dangerous dog, menacing dog, or a restricted breed dog
- evidence of assistance dog training provided
- evidence of obedience training provided, including a completed declaration from a dog trainer
- completed declaration from an Allied Health Practitioner provided