

Assistance Dog Animal Registration Form

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:

Contact Number:

Email:

Postal address: (if different to above)

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:

Date of birth: (DD/MM/YYYY)

Address:

Contact Number:

Relationship to applicant:

Section 2: Details of assistance dog

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

Dogs name:

Breed:

Colour:

Sex: Male Female

Microchip number (attach a copy of microchip details):

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 (attach a copy of proof of desexing)?

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:

Email:

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?

**attach a copy of the obedience certificate*

Yes

No

Date obedience training was completed:

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: _____

Email: _____

Qualifications: _____

Handler's name: _____

Date training was successfully completed: _____

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 _____

Section 4: Health professional declaration

This section is to be completed by a health professional.

I am currently practicing as a:

- Psychologist / Psychiatrist
- Physiotherapist / Osteopath
- Specialist (specify): _____

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 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)

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

**Insert professional stamp here*



ABN 14 854 354 856
1079 Pascoe Vale Road, Broadmeadows Vic 3047
Correspondence: PO Box 119, Dallas Vic 3047
Telephone: 03 9205 2200
Email: contactus@hume.vic.gov.au
www.hume.vic.gov.au

Privacy Statement: Council is collecting the personal information on this form for the purpose of gathering information applicable to this permit application. The information will be used for issuing the permit and will not be disclosed to any other party except as required by law. If you fail to provide this information, the delays will be experienced in the issuing of this permit. You may access this information by contacting Council on 9205 2200.

Section 5: Assistance Dog Free Registration terms and conditions

It is important that you understand the terms and conditions of the registration fee exemption for assistance dogs before you apply.

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 (menacing or dangerous)**
- **a restricted breed dog**
- **younger than 12 months of age.**

To be eligible for the assistance dog registration fee exemption your dog must be desexed and proof attached to this form. Your assistance dog must be both 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 DA 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 6: 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)

Applicant or guardian/agent signature: _____

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: _____



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