

## ASSISTANCE DOG REGISTRATION 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.

### PART A: Details of dog owner/handler

In this section you will need to provide the details of the dog owner/handler.

<b>First name:</b>	
<b>Surname:</b>	
<b>Date of birth: (DD/MM/YYYY)</b>	
<b>Address:</b>	
<b>Contact Number:</b>	
<b>Email:</b>	
<b>Postal address: (if different to above)</b>	

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

<b>First name:</b>	
<b>Surname:</b>	
<b>Date of birth: (DD/MM/YYYY)</b>	
<b>Address:</b>	
<b>Contact Number:</b>	
<b>Relationship to applicant:</b>	

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### PART B: Details of assistance dog

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

Dog's name:	
Breed:	
Colour:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Microchip Number:	

	Yes	No
Is the dog a declared dangerous, menacing or restricted breed dog?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dog over 12 months of age?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dog desexed?	<input type="checkbox"/>	<input type="checkbox"/>
Has the dog been trained to perform tasks or functions that assist a person with a disability to alleviate the effects of their disability?	<input type="checkbox"/>	<input type="checkbox"/>

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:		

	Yes	No
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 their disability? <i>*attach a copy of the obedience certificate</i>		
Date obedience training was completed	Date:	

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### PART C: 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.

<b>Trainer's full name:</b>			
<b>Company / Organisation:</b>			
<b>Contact Number:</b>		<b>Email:</b>	
<b>Qualifications:</b>			
<b>Handler's name:</b>			
<b>Dog's name:</b>			
<b>Date training was successfully completed:</b>			

**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: \_\_\_\_\_

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### PART D: 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"/>	Physiotherapist / Osteopath
<input type="checkbox"/>	Specialist (specify): _____
<input type="checkbox"/>	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)**

*\*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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### PART E: 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.

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

**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.**

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### PART F: 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 Part E of this form.
- I am aware that pursuant to the Domestic Animals Act 1994 (Vic) I am responsible for the actions of my animal, this includes, but is not limited to, if found outside of my property or involved in an attack. I understand that Council has several options including the issuing of an infringement(s) or a summons to the Magistrates' Court for breaches of the Domestic Animals Act 1994 (Vic).

**Signature of applicant or guardian/agent (must be 18 years and over)**

<b>Applicant or guardian/agent signature:</b>	
<b>Date (DD/MM/YYYY):</b>	

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.

<b>Full name of guardian/agent:</b>	
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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.

<b>Relationship to applicant:</b>	
<b>Phone number:</b>	

### COLLECTION NOTICE

Personal information collected on this form shall be used by Council's Community Safety Team to complete this application and provide you with relevant updates. Council may disclose your information to other internal departments in order to process your application and your information will not be disclosed to any external party without your consent, unless required to do so by law. If you do not provide us with all required information Council may not process your application and infringement notices may be issued under the Domestic Animals Act 1994. You have the right to access your personal information and make any necessary corrections. If you have any queries or wish to gain access to amend your information please contact the Team Leader Animals and Amenity or the Privacy Officer on (03) 5220 7111 or [enquiries@gplains.vic.gov.au](mailto:enquiries@gplains.vic.gov.au). Council will comply with its Privacy Policy and Information Privacy Principles in schedule 1 of the Privacy and Data Protection Act 2014 and the Health Records Act 2001 in relation to the use, storage and disclosure of information. If you have any queries regarding this Privacy Statement, please contact the Privacy Officer in writing to [enquiries@gplains.vic.gov.au](mailto:enquiries@gplains.vic.gov.au) or PO Box 111, Bannockburn 3331.