

Disability certificate for Assistance Dog application



What is the name of your patient/client?

First name: _____ Last name: _____

What is your:

Title: _____ First Name: _____ Last Name: _____

Clinic/Practice name: _____

Postal or street address:

State: _____ Postcode: _____ Phone no.: _____

Email: _____

Your profession:

- Medical practitioner
- Psychiatrist
- Psychologist
- Community mental health nurse
- Occupational Therapist
- Other (please describe):

Does your patient have impairments that you feel an assistance dog may reduce the need for other supports?

- Yes No Unsure

Does your patient/client pose any risk of harm to a dog?

- Yes No Unsure



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In order to be eligible for possible certification of an assistance dog under The Guide, Hearing and Assistance Dogs Act 2009 it is required that your patient's disability:

is attributable to—

- (i) an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment; **or**
(Examples— a vision or hearing impairment)
- (ii) the presence in the person's body of organisms causing illness or disease; **and**

results in

- (i) a reduction of the person's capacity for communication, social interaction, learning, mobility or self care or management; **and**
- (ii) the person needing support.

The disability may be, but need not be, of a chronic episodic nature.

Does your patient meet the conditions stated above?

Yes No

What is your patient's diagnosed illness(es)?

Please describe how you feel an assistance dog may assist in reducing your client's need for other supports and improve your client's functioning and wellbeing overall.

AHPRA registration number or stamp:

Signed: _____ . Date: _____

Printed name: _____