

IMPORTANT INFORMATION PLEASE READ

This form has three parts. This is what to do with them:

Part One – You can complete on your computer or by hand.

Part Two – Your medical or mental health practitioner completes. You will need to make an appointment to ask them to complete their form.

Part Three – Your veterinarian completes. You will need to make an appointment to take your dog to the vet to have them complete their form.

NB: Your dog MUST be desexed and over the age of 6 months old to apply.

When you have all the forms completed and have the other documents explained in Part One, you can scan all the documents or take a photo on your mobile phone to send them to

applications@minddog.org.au

Please make sure that you submit this Application between these dates:

1 March to 30 April inclusive & 1 September to 31 October inclusive

Unfortunately, applications received outside of these dates cannot be processed.

Please note an application fee increase is effective from 01 March 2024 intake.

For rural and remote clients — we may not have an Assessor or trainers in your area. This may require you to travel. If you are not able to travel, please contact us to discuss your specific circumstances on 0490 850 993.

mindDog recognises the importance of maintaining the physical and emotional well-being of our assistance dogs. Therefore, we have decided not to accept disabled dogs into our program. A disabled dog is defined as one that has a physical or mental disability that could compromise its ability to perform assistance dog duties or lead to undue stress in carrying out these responsibilities.



PART ONE Your Application

Some things you need to know

Who completes the three parts of this form?

- Part One You or your carer completes.
- Part Two Your medical or mental health practitioner completes.
- Part Three Your Veterinarian completes.

What to do when all parts are completed?

- Email all forms and attachments to mindDog at applications@minddog.org.au
- Keep your email because it is your record of your application with mindDog.

What happens when you email us the form?

- We check all parts of the form to make sure it is complete.
- We send you an Invoice. Once paid, we send you The mindDog Book

What do you do when you receive the Handbook? The book tells you what to do next.

1	Are you completing this form on	behalf of a	person
	needing a mindDog?		

No Go to question	1 2	
Yes Tell us your de	tails	
First Name		
Last Name		
Street address where you live		
	Postcode	
Postal address		
	Postcode	
Mobile phone no.	Home phone no.	
Email address		
Your relationship to perso	n in question 2	

About the person needing a mindDog

ast Name	
Date of birth	Male Female
Street address where you liv	Nonhinary
otreet address where you in	
	Postcode
Postal address	
	Postcode
Mobile phone no.	Home phone no.
Email address	
3 Have you been a member	of: Armed Forces
o mave you been a member	Police Service
	First Responder
	None of these
4 Are vou:	Employed full-time
4 Are you:	Employed full-time
4 Are you:	Employed Part-time
4 Are you:	
4 Are you:5 If we cannot contact the n question 2, who can we contact the normal contact th	Employed Part-time Using a concession Homeless nindDog Client in
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 If we cannot contact the n question 2, who can we contact the person in quesion. The person below 	Employed Part-time Using a concession Homeless nindDog Client in ontact?
5 If we cannot contact the m question 2, who can we co • The person in ques • The person below First Name	Employed Part-time Using a concession Homeless nindDog Client in ontact?

About your dog	Documents you need to supply
6 What is your dog's name?	12 Please confirm that you understand that you pay an additional cost for a mindDog approved trainer or
Breed or cross breed	an accepted force-free trainer. Yes The cost is between you and the trainer No Please contact us for more information
Date of birth Male Female	13 We need to see some documents to support your
7 Microchip number	 application. Have you attached a copy of your dog's: Desexing Certificate Yes No Without this document your application
 Does your dog sleep on your bed or in your bedroom? Yes Great! You probably have a great bond and relationship with your dog. No To help build a bond with your dog, it is essential that your dog sleeps on your bed or in your bedroom. 	• Council Registration Certificate Yes Without this document your application will be delayed
9 You are your dog's carer. In caring for your dog, you will need to feed, groom, medicate for fleas, ticks, heartworm, mites and other parasites; and arrange medical attention if your dog is sick or injured. Who will care for your dog if you are unable to do so?	 Vaccination Certificate Yes No Without this document your application will be delayed
First Name Last Name	14 Declaration I declare that the information I have provided in this form is true and correct. Signature of the person completing the form
Street Address (we will use this as their postal address)	Date
Postcode	Date
Mobile phone no. Home phone no.	
Email address	Costs: These are non refundable application fees • \$750 each
Ernali address	\$500 unemployed and concessionFree for homeless
 10 Do you give permission for us to contact your medical practitioner and your dog's veterinarian if necessary? Yes Information they supply is kept confidential No 11 We may periodically contact you to find out how you 	Public Access Test or PAT The cost applies even if your dog does not pass the PAT • \$300 each • \$225 unemployed and concession • Free for homeless Annual Recertification Cost must be paid in full before the test date. The
are progressing and to give you support if you require it. We can only do this if your contact details are up to date. Will you email us and let us know any changes in your address or your circumstances?	 cost applies even if your dog does not pass the PAT. \$250 each \$200 unemployed and concession Free for homeless
Yes No	Please do not send any payment until you receive our Invoice.



PART TWO

Medical Certificate

Your medical practitioner, psychiatrist, psychologist or your community health nurse completes this form

Please complete this form to support your client's request for assistance from mindDog. More information is available from www.minddog.org.au or by phoning 0490 850 993.

1	What is your Title First Name		in r To a	'	your patient's disability y Discrimination Act 1992. ation to your patient
	Last Name			total or partial loss of mental functions, or	the person's bodily or
	Postal or Street Address		b.	total or partial loss of	a part of the body, or
			C.	the presence in a bod disease or illness, or	y of organisms causing
	Mobile phone no.	Postcode	d.	the presence in the b of disease or illness, o	ody of organisms capable or
	Widdle phone no.		e.	the malfunction, malf of a part of the persor	formation or disfigurement n's body, or
	Business phone no.		f.	a disorder or malfunct person learning differ without the disorder of	ently from a person
	Email address		g.	a disorder, illness or d person's thought proc reality, emotions or ju disturbed behaviour.	
2	What is your profession?		and	d includes a disability th	nat:
	Medical practitioner	Psychiatrist	h.	presently exists, or,	
	Community Health Nurse	Psychologist	i.	previously existed bu	t no longer exits, or
3	What is your patient's:	r sychologist	j.	may exist in the futur genetic predisposition	e (including because of a not that disability), or
	First Name		k.	is imputed to a perso	n.
	Last name		by '	avoid doubt, a disability this definition includes nptom or manifestatior	
					ne definition of a disability Discrimination Act 1992?
4	Does your patient suffer from a modisorder?	ental illness or	\/		
		:	Yes		
	Yes What is their medical d	lagnosis ?	No		
			You	r Signature	
			Dat	е	
5	Is your patient:	Yes No Not Sure			
	Reliable with their medication?				
	Suffering from anger issues?				



1 What is your client's full name?

PART THREE Veterinary Certificate

Your dog's Veterinarian completes this form to support your request for assistance

Date next Due?

9 What are the dates of their dog's C5 vaccinations?

A mindDog accompanies their handler through daily life. They must be active, alert and able to withstand the rigours of travel, shopping and everyday activities that may last for long periods of time.

Date last vaccinated?

2 What is their dog's name?	
	10 In your opinion, is the above dog on an effective program for the control of the following:
3 What is their dog's breed? 4 Dog's gender? 5 Desexed? Female Male Yes No 6 What is their dog's microchip number? 7 Dog's DOB/Age? 8 Weight in kg?	Heartworm (excludes TAS) Intestinal Parasites External Parasites Yes No 11 General Health Excellent - no chronic disease or disorder. Very Good - minor complaints associated with normal ageing. Good - chronic conditions resulting in occasional flareups. Poor - chronic illness requiring on-going treatment.
Examination	Comment
Appearance eg. eyes, ears, nose, mouth, discharge,	
dental Respiratory system e.g. auscultation	
Abdomen eg palpation	
Skeletal, musculature & nervous system e.g. tenderness, lameness, paresis, ROM, disabilities	
Genitourinary system e.g. renal, bladder, mammary glands	
Skin and anal glands e.g. appearance, odour	
Is the dog within a healthy weight range for the breed?	
Does this dog have a long term health problem or disability?	
In your opinion is this dog healthy enough to wo	ork as a mindDog? Yes No
Vet's Name	Practice Name
Practice Address	
	Email
Vet's Signature	Date