



application for a Psychiatric Service Dog

07/19_{MD}

*Having a mindDog is a major commitment —
to your dog, to yourself and to mindDog.*

*Not everyone can become a handler.
Not every dog can become an assistance dog.*

After your application has been checked for completion you will be sent *The mindDog Handbook*.

It contains a six week observational diary which is also part of the application process. Please complete this assessment and send it back to info@mindDog.org.au.

You will then receive your first visit from your local **mindDog** Assessor. If this goes well, you and your dog will then be accepted into the **mindDog** program. Until this happens you remain in the application phase.

mindDog only certifies psychiatric assistance dogs. We do not accept applications for physical or mobility assistance dogs.

Application fees are not refundable.

Checklist for a complete and successful application

- **Part One, Two and Three of the application form**
- **Proof of the dog being desexed**
- **Current vaccination certificate**
- **Proof of the dog's local council registration**
- **Receipt of application fee payment**
- **Back-up copy of the whole application (for your files)**



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Part One

This application consists of three parts.

You fill out Part One, Part Two needs to be completed and signed by your medical practitioner and Part Three is filled out by someone who knows you well but is not a member of your family.

Email the complete form to: applications@minddog.org.au

OR

Post to: mindDog, PO Box 797, Surry Hills NSW 2010
(this most often comes with a delay)

Enquiries to:

info@minddog.org.au

or phone: 0490 850 993

Fees for having your dog certified as a mindDog are:

Due with application \$500 for employed, \$250 under concession, free for homeless. Not refundable

At testing \$250 for employed, \$200 under concession, free for homeless. Paid on testing.

If your dog does not pass the Public Access Test there is a fee of \$150.

At annual retesting \$200 for employed, \$150 under concession, free for homeless. Paid on testing.

Please pay by direct deposit into: Psychiatric Service Dog Assoc Incorp

BSB: 032023 Account: 387355 (make sure to include your name as reference)

**Applications will not be processed before payment is received.
Revisit the checklist on Page 1 before submitting your application.**

Your details

Name _____

Date of Birth DD/MM/YYYY ____ / ____ / ____

Employed Concession Homeless

Address _____

Postcode _____

Postal Address _____

Postcode _____

Mobile _____ Email _____

Emergency contact

Name _____

Partner Family Friend Other

Postal Address _____

Postcode _____

Mobile _____ Email _____

Have you been a member of the armed forces,
police service or a first responder? Yes No

If you already have a dog

All **mindDogs** must be desexed and registered with your local council. You must include proof of both these with your registration.

Dog's Name _____

Date of Birth DD/MM/YYYY ____ / ____ / ____

Breed _____

Female Male Desexed Yes No

MicroChip#

Does your dog have pre-existing medical conditions?

Please provide a certificate from your vet, showing your dog is up to date with vaccinations.

Vet's Name _____

Address _____

Postcode _____

Where does your dog sleep?



www.minddog.org.au

mindDog – helping dogs helping people

If you already have a dog (continued)

Who trained your dog?

Your dog must have good basic obedience. Does your dog respond to cues such as "Sit" "Stay" "Come"?

Yes No

Describe what your dog does when it sees another dog.

Have you had your dog from 8 -12 weeks old?

Yes No

If yes, was your dog exposed to a wide variety of situations, environments, people and other dogs in a positive manner?

Yes No

Are you aware that part of training your **mindDog** will require oversight from a **mindDog** trainer (this will come with additional cost)?

Yes No

If you don't have a dog yet

Have you ever had a dog before? Yes No

Are you planning to get a puppy? Yes No

mindDog only accepts puppies from 6 months who are desexed into the program.

Where would your **mindDog** sleep?

Are you aware that part of training your **mindDog** will require oversight from a **mindDog** trainer (this will come with additional cost)?

Yes No

If you need advice in selecting and obtaining the right dog please contact info@mindDog.org.au.

Your living situation

Do you live...

alone Partner Family/Friends Other

Do you live in a...

House Apartment Mobile home/caravan
Car Tent _____

Does your home have a yard? Yes No

If yes, is that yard securely fenced? Yes No

Do you have/live with other animals?

Caring for your **mindDog** includes feeding, regular vet visits, grooming, medication for parasites (i.e. fleas, ticks, worms, heartworms, mites), and medical attention should your **mindDog** be sick or injured. Yes No

Please advise who would care for your **mindDog** if you were unable to do so:

Name

Address

Postcode

Mobile Email

If something happens to your **mindDog** or you are no longer able to care for it, you must inform us immediately.

Do you allow **mindDog** to get in touch with your medical practitioner (as defined in Part Two of this application) if necessary? Yes No

To ensure that you and your **mindDog** are working well together, we will need to contact you regularly.

Please advise us immediately of any changes in your address or circumstances via email.

By signing below, I certify all information is true and correct to the best of my knowledge.

Name

Signature Date

Witness

Name

Signature Date





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Part Two

Medical Practitioner

Part Two must be completed by your Medical Practitioner and returned with this application

Name _____

Postal Address _____

() _____ Postcode

Phone _____ Mobile _____

Email _____

Please indicate:

Psychiatrist General Practitioner

Psychologist Community Health Nurse

other: _____

Patient's Name _____

Does your patient suffer from a mental illness?
Yes No

Patient's Diagnosis _____

Is your patient on medication? Yes No

Are they reliable with their medication?
Yes No

Is your patient capable of caring for a dog?
Yes No

Is anger a trait of your patient's condition?
Yes No

Will the dog be safe in your patient's care?
Yes No

Does your patient struggle with balance?
Yes No

How do you expect a **mindDog** to assist your patient/improve their life/alleviate their condition?

If you need additional information, please email info@mindDog.org.au or phone 0490 850 993

In your opinion, does your client meet the definition of a disability as defined in the **Australian Disability Discrimination Act 1992**?

Disability, in relation to a person, means:

- (a) total or partial loss of the person's bodily or mental functions; or
- (b) total or partial loss of a part of the body; or
- (c) the presence in the body of organisms causing disease or illness; or
- (d) the presence in the body of organisms capable of causing disease or illness; or
- (e) the malfunction, malformation or disfigurement of a part of the person's body; or
- (f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- (g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;

and includes a disability that:

- (h) presently exists; or
- (i) previously existed but no longer exists; or
- (j) may exist in the future (including because of a genetic predisposition to that disability); or
- (k) is imputed to a person.

To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.

Yes No

By applying for a **mindDog**, your patient has given us permission to contact you if necessary.

Signature _____ Date _____





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Part Three

Referees

Part Three must be filled out by someone who knows you well but is not a member of your family

Name _____

Postal Address _____

() _____ Postcode

Phone _____ Mobile _____

Email _____

Applicant's Name _____

How do you know the applicant?

How long have you known the applicant?

Having a **mindDog** can be expensive.
Do you believe the applicant has the ability to
meet those expenses?

Does the applicant have other animals?

How does the applicant interact with those
animals?

Where do the animals sleep?

Are the animals well cared for? Yes No

Have you ever seen the applicant be angry or
violent with an animal?

How do you think the applicant would benefit
from a **mindDog**?

**By signing below, I certify all information is
true and correct to the best of my knowledge.
I further give permission to be contacted by
mindDog if necessary.**

Signature _____ Date _____



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