



application for a Psychiatric Service Dog



Part One

This application is in three parts.

Fill out Part One, Part Two goes to your medical practitioner and Part Three is filled out by someone who knows you well but not a member of your family. *Read the checklist on Part 3 before submitting your application.* Post all three forms to:

mindDog OR
PO Box 797
Surry Hills NSW 2010

Email to:
info@minddog.org.au
or phone 0490 850 993

Enquiries to:
info@minddog.org.au

The fees for having your dog certified as a mindDog are:

On application \$200 for employed, \$150 for pensioners, free for homeless. Paid with application. Not refundable

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

Please pay by direct deposit into Psychiatric Service Dog Assoc Incorp: BSB 032023 Account: 387355

Or post a cheque to the above address.

Applications will not be processed before payment is received

Your details

Name _____

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

Address _____

P/code

Postal Address _____

P/code

Mobile _____ Email _____

Emergency contact

Name _____

Address _____

P/code

Mobile _____ Email _____

Fill this section out if you already have a dog

All minddogs must be desexed. If your dog is not desexed, microchipped and registered, we will not certify it. *You must include proof of registration with this application.*

Dog's Name _____ Age _____

Breed _____

Desexed Yes No Female Male

Do you have a vet that sees your dog regularly Yes No

Please provide a certificate from your vet showing your dog's up to date vaccinations.

Vet's name _____

Address _____

P/code



www.minddog.org.au

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Fill this section out if you already have a dog (cont)

Where does your dog sleep

Who trained your dog

Do you have any other animals

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 this dog from 8 to 12 weeks old? Yes No

If yes, was this dog exposed to a wide variety of situations, environments, people and other dogs in a positive manner? Yes No

Fill this section out if you don't have a dog

Do you need mindDog's help selecting a dog Yes No

Have you ever had a dog before Yes No

Do you have any other animals

Do you live in a House Apartment

Does your home have a yard Yes No

Is the yard fenced Yes No

Where would your mindDog sleep?

Caring for your mindDog includes feeding, regular vet visits, grooming, medication for parasites (ie fleas, ticks, worms, mites), medical attention if your mindDog is injured.

Are you financially able to adequately care for your mindDog

Yes No

Do you plan to have health insurance for your mindDog

Yes No

Who would care for your mindDog if you were unable to do so

Name

Address

P/code

Mobile

Email

Will you

train your mindDog yourself

join a dog obedience club

train your mindDog with oversight from a mindDog recommended trainer

Have you trained a dog before Yes No

To ensure that you and your mindDog are working well together, we will need to contact you regularly. You must advise us immediately of any change in your address or circumstances.

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

Name

Signature

Date

Witness

Name

Signature

Date



application for a Psychiatric Service Dog

2

Part Two

Medical Practitioner

Name _____

Address _____

P/code _____

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Phone _____ Mobile _____

Email _____

Please indicate: Psychiatrist Psychologist
 General Practitioner Community Health Nurse
 Other

Patient's name _____

Patient's diagnosis _____

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

Is your patient on medication Yes No

Is he/she reliable with their medication Yes No

Is your patient capable of caring for a dog Yes No

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

Does your patient have problems with balance Yes No

How do you expect a mindDog to assist your patient

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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