



# application for a Psychiatric Service Dog



## Part One 12/18

### 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** \$500 for employed, \$250 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 \_\_\_\_\_

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

### 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

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](http://www.minddog.org.au)

mindDog – helping dogs helping people

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

Where does your dog sleep

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Who trained your dog

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Do you have any other animals

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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.

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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

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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?

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

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 \_\_\_\_\_

( ) \_\_\_\_\_

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 \_\_\_\_\_





# application for a Psychiatric Service Dog

# 3

## Part Three

### Referees

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

Name \_\_\_\_\_

Address \_\_\_\_\_

P/code \_\_\_\_\_

( )  
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 a **mindDog** would benefit the applicant  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Checklist**
- Have you included proof of your dog's registration? You can get this from your local council.*
  - Have you included his vaccination certificate?*
  - Have you made or included your application payment?*
  - Have you included Part 2 from your medical practitioner?*
  - Have you kept a copy of your application?*

