# Department of Local Government, Sport and Cultural Industries ( DLGSC ) logo

# Assistance Dog Renewal Application Form

Please use this form to apply for a Full Assistance Dog Approval if you have been subject to a probationary period that is due to expire or your existing approval is due for renewal. The information you provide will be used by the Department of Local Government, Sport and Cultural Industries (DLGSC) for the purpose of ­assessing whether the renewal will be granted.

Please note that this form should be submitted to DLGSC no later than two weeks prior to the expiration of your authorisation card. If an assessment of your application is unable to be completed before the expiration date, your access rights will be suspended.

Should you require assistance with completing this form or are experiencing difficulty in obtaining the required information to complete the form, please telephone DLGSC on (08) 6551 8700 or toll free for country callers on 1800 620 511 or   
email [legislation@dlgsc.wa.gov.au](mailto:legislation@dlgsc.wa.gov.au)

For alternative formats and more information, please visit the DLGSC website   
at [www.dlgsc.wa.gov.au](http://www.dlgsc.wa.gov.au)

For a Translating and Interpreting Service (TIS) telephone 13 14 50.

## Authorisation details

Please provide the following details of your current authorisation card.

|  |  |
| --- | --- |
| Name of Handler | [Click here to enter text.] |
| **Name of Assistance Dog** | [Click here to enter text.] |
| **Card number** | [Click here to enter text.] |
| **Date which authorisation expires** | [Click here to enter text.] |

Information required

The following information is required to be provided to DLGSC. Please ensure that the information has been obtained, signed and dated no earlier than one month from the date your application form is submitted.

If this application is for a Full Assistance Dog Approval following a probationary period please complete the following:

1. Applicant‘s information

2. Details of registration

3. Submission of training log

6. Public Access Test (PAT) details

7. Declaration

If this application is for renewal of an existing Full Assistance Dog Approval please complete the following:

1. Applicant’s information

2. Details of registration

4. Veterinarian’s declaration

5. Medical disability declaration

6. Public Access Test (PAT) details

7. Declaration

## Applicant’s information

To be completed by applicant or guardian.

| **Applicant / Guardian:** | | | |
| --- | --- | --- | --- |
| Title: | [Click here to enter text.] | | |
| Given Name(s): | [Enter text.] | | |
| Surname: | [Click here to enter text.] | | |
| Gender: | [Click here to enter text.] | Date of Birth: | [Enter text.] |
| Telephone: | [Click here to enter text.] | | |
| Email: | [Click here to enter text.] | | |
| Residential Address: | [Click here to enter text.] | | |
| Suburb: | [Click here to enter text.] | | |
| State: | [Click here to enter text.] | Postcode: | [Enter text.] |
| Postal Address (if different): | [Click here to enter text.] | | |
| Suburb: | [Click here to enter text.] | | |
| State: | [Click here to enter text.] | Postcode: | [Enter text.] |

## Details of registration

Please attach evidence indicating your Assistance Dog is currently registered. This may be in the form of formal correspondence from the relevant local government in which the dog is registered, an email or the registration papers.

## Submission of training log (Probationary dogs only)

Please attach a detailed training log outlining the progress of the Assistance Dog during the probationary period, indicating all training undertaken and any difficulties experienced during the probationary period. Please ensure the report is signed by any trainer/s that was/were engaged by you during the period. If you undertook the training yourself, please indicated this in the log.

## Veterinarian’s declaration (Renewal only)

To be completed by a registered Veterinarian.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Registered Veterinarian:** | | | | | | |
| Full Name: | | [Click here to enter text.] | | | | |
| Name of Veterinarian Practice: | | [Click here to enter text.] | | | | |
| Position: | | [Click here to enter text.] | | | | |
| Telephone: | | [Click here to enter text.] | | | | |
| Email: | | [Click here to enter text.] | | | | |
| Address: | | [Click here to enter text.] | | | | |
| Suburb: | | [Click here to enter text.] | | | | |
| State: | | [Click here to enter text.] | | Postcode: | | [Enter text.] |
| **My signature below confirms all of the following as far as can be reasonably determined during a standard examination (please tick):** | | | | | | |
| The dog displays standards of hygiene that are appropriate for a public place and premises, including on public transport.  The dog is of good health and has no infectious diseases.  The dog responds to control and obedience commands. | | | | | | |
| Signature: |  | | Date: | |  | |

## Medical disability declaration (Renewal only)

To be completed by the applicant’s Medical Practitioner.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Practitioner:** | | | | | |
| Full Name: | [Click here to enter text.] | | | | |
| Name of Medical Practice: | [Click here to enter text.] | | | | |
| Qualification: | [Click here to enter text.] | | | | |
| Telephone: | [Click here to enter text.] | | | | |
| Email: | [Click here to enter text.] | | | | |
| Address: | [Click here to enter text.] | | | | |
| Suburb: | [Click here to enter text.] | | | | |
| State: | [Click here to enter text.] | | Postcode: | | [Enter text.] |
| **I have seen the applicant in a professional capacity for:** | | | | | |
| Years: | [Enter text.] | Months: | | [Enter text.] | |
| **Please outline the nature of the applicant’s disability/disabilities.** | | | | | |
| [Click here to enter text.] | | | | | |

**Is the applicant mentally competent and stable to have an assistance dog and control it in a public place?**

Yes  No

|  |
| --- |
| **Please provide details of the functional impact of the applicant’s disability/disabilities:** |
| [Click here to enter text.] |
| **In your opinion, does the applicant require an Assistance Dog to alleviate the effects of their disability? Yes  No**  **The assistance that would be provided by the Assistance Dog is:** |
| [Click here to enter text.] |

|  |
| --- |
| **Is there a need for the applicant to have an assistance dog in public places, such as shopping centres and public transport, for it to alleviate the effects of their disability?**  Yes  No  **If yes, what assistance will it provide?** |
| [Click here to enter text.] |
| **The period that the applicant is likely to require the support of an Assistance Dog to alleviate their disability is:** |
| [Click here to enter text.] |

|  |  |  |  |
| --- | --- | --- | --- |
| My signature below confirms all of the following (please tick): | | | |
| I have read all the relevant information contained within this form and verify that it is correct to the best of my knowledge;  I am not the applicant, or an immediate family member of the applicant;  I am the applicant’s Medical Practitioner; and  I agree to provide all reasonable information to the Department of Local Government, Sport and Cultural Industries to assist with the assessment of the Assistance Dog application to determine the applicant’s eligibility, if required. | | | |
| Signature: |  | Date: |  |

## Public Access Test (PAT) details

|  |  |
| --- | --- |
| Please ensure an Independent Public Access Test Assessor has submitted a completed PAT to DLGSC. Provide the details of the Independent Public Access Test Assessor below: | |
| Independent Public Access Test Assessor Name: | [Click here to enter text.] |
| Telephone: | [Click here to enter text.] |
| Email: | [Click here to enter text.] |
| Address: | [Click here to enter text.] |
| Suburb: | [Click here to enter text.] |
| State: | [Click here to enter text.] |
| Postcode: | [Click here to enter text.] |

## Applicant’s declaration and statement

|  |  |  |  |
| --- | --- | --- | --- |
| In consideration of being granted an Assistance Dog Approval and an authorisation card for my dog to be allowed in any building or place open to or used by the public, for any purpose, or in any public transport, for the period indicated on the authorisation card under the provisions of the *Dog Act 1976*, I agree to and acknowledge the following (please tick): | | | |
| I certify that to the best of my knowledge the information in this application is accurate;  I have an ongoing disability and require an Assistance Dog in a public place to alleviate that disability;  I agree that the Veterinarian, Medical Practitioner or Independent Public Access Test Assessor may disclose any information relating to this application to DLGSC to assist with its assessment;  I have confirmed that a completed PAT has been submitted to DLGSC by an Independent Public Access Test Assessor;  I acknowledge that further information may be requested by DLGSC to enable assessment of this application; and  I understand and accept all Conditions of the Assistance Dog Approval Policy and the Cardholder Terms and Conditions. | | | |
| **Applicant’s Signature:** | | | |
| Signature: |  | Date: |  |
| **Agent’s Signature** (person who completed this form on behalf of the applicant)**:** | | | |
| Full Name: | [Click here to enter text.] | | |
| Telephone: | [Click here to enter text.] | | |
| Email: | [Click here to enter text.] | | |
| Relationship to Applicant: | [Click here to enter text.] | | |
| Signature: |  | Date: |  |

### Please return this form to:

Assistance Dog Applications

Department of Local Government, Sport and Cultural Industries

GPO Box 8349 Perth Business Centre WA 6849

Fax: (08) 6552 1555

Email: [legislation@dlgsc.wa.gov.au](mailto:legislation@dlgsc.wa.gov.au)