



Paws for Assistance Dog Training Application Form - Private and Confidential

Please 'save as' and re-name the document on your own computer then return the completed form plus scanned medical forms to PADT - emeliawilmot@gmail.com

Please make application payment of **\$180** to

Emelia Wilmot. Westpac Bank

BSB: 733 177

ACC: 500 906

Date of Application	
First Name	
Surname	
Date of Birth	
No. & Street Address	
City	
State	
Postcode	
Phone/mobile	
Email address	
Will YOU be training your dog? If not, who will?	
First alternate contact in case of emergency.	Name: Ph: Email:
List 3 Supports or 'safety nets' you can turn to for help. Eg: Specialist Dr. Friends Family Etc.	1. Name: Relationship to you: Ph: 2. Name: Relationship to you: Ph: 3. Name: Relationship to you: Ph:
Who will take your dog in an emergency situation where you cannot look after it?	Name: Relationship to you: Ph: Email:
What work/job do you do or have you been doing In the recent past? What position did you hold ie: nurse-psychiatric; Army-fitter armament;	





Police officer, Search & Rescue, NAVY etc.	
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Please state who lives in your house with you and your dog?

Name	Age	Relationship to you.

Details of the dog to be trained

Dog's name	
Breed inc. cross breeds	
Date of birth (if known)	
Age now	
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Is the dog desexed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which council is the dog registered with?	
Microchip number:	
Assistance Dogs should have Insurance. Which do you have? Have a look at Pet Plan.	Health Insurance Public Liability Company Details:
Where did you get your dog from? Ie: which organization, breeder, pound? What date approx. did you get your dog?	
Vaccination Details:	Have you attached it to this document? <input type="checkbox"/> YES <input type="checkbox"/> NO Please attach a copy of all vaccination details ie: C5 to this application.
Describe the social skills of your dog. To other people and other dogs: as much detail as possible.	
Will you be working towards gaining your Public Access Test?	<input type="checkbox"/> Yes <input type="checkbox"/> No





<p>Do you already have an Assistance Animal Victorian Public Transport pass? This is mandatory in Victoria whether you use public transport often or not. Or another state pass? Describe and scan with application.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No PTV Assistance Animal Pass Application Download pdf. Return the ORIGINAL application form to: ‘Assistance Animal Pass applications’ PTV Hub PO Box 4724 Melbourne VIC 3001 *PTV will not accept any photocopies. All original documents please. Make a copy for yourself.</p>
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Please describe your disability and the need for an Assistance Dog.

<p>The nature of your diagnosed disability</p>	
<p>The limitations that your disability imposes. What can & can't you do?</p>	
<p>What assistance <u>tasks</u> do you need your dog to do to help reduce the symptoms of your disability? Be specific.</p>	
<p>Any other medical issues? Please list.</p>	
<p>What adaptive or assistance equipment do you use? Ie: wheelchair, walker, crutches...</p>	
<p>List any acute symptoms that may occur during training & how we can assist you should this occur, ie: seizures, diabetic shock, fainting, blood sugars...</p>	<p>* What steps should the dog trainer take to assist you if your symptoms occur during training? Be specific.</p>

<p>How will you be paying for your dog training? Ie: personal funds or NDIS? *PADT does not accept NDIS managed clients, only those owner managed or plan managed.</p>	<p><input type="checkbox"/> Personal funds <input type="checkbox"/> NDIS funded <input type="checkbox"/> Other, describe.</p>
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<p>***IMPORTANT !!! Have you calculated enough funds to generally support your dog. E.g: approx. \$200per month for its lifetime plus any unforeseen emergency costs?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure of my financial situation. Every dog owner should be able to support their dog financially.</p>
<p>TRAINING COSTS. Have you calculated <u>up to</u> \$5000 max. for 12-24 months of training fees?</p>	<p><i>* Please think this through thoroughly!!! PADT currently does not have any charitable or philanthropic funding supports.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>What do you wish to achieve by getting/training an assistance dog?</p>	
<p>Do you honestly have the time and commitment required to train your dog to PAT standard? This means putting yourself into a variety of social & community situations for the purpose of training even when you don't feel like it. Consider this carefully. Can you manage this?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not sure Describe your concerns about training your dog:</p>
<p>Please include <u>a recently signed medical report of your disability</u> from a <u>Registered</u> medical professional specialist (Psychiatrist or psychologist or relevant specialist <u>NOT</u> a G.P.) outlining your 'disability' & need for a assistance dog & how it may assist your disability. Certificate no older than 6 months.</p>	<p>You <u>MUST</u> include/attach your signed report of disability from your treating specialist. No certificate, No Public Access Test! <input type="checkbox"/> Yes, I have one & it's attached. <input type="checkbox"/> No, I don't have one yet. <input type="checkbox"/> I'm currently waiting on my specialist to write one</p>
<p>Please include <u>a signed veterinary health check certificate</u> to clear your dog for assistance work. Certificate No older than 3 months.</p>	<p>Have you Included/Attached your signed Veterinarian health check letter? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>*If you are using your dog for <u>mobility support</u>, make sure the Vet check reflects this. Ask PADT for a report template for your vet.</i></p>

If there is not enough space to complete your answers, please attach another sheet or document.

Signature of Applicant:
Date:

Signature of Parent/Guardian :
if applicant is under 18yrs old.
Date:

