



Office of Fair Trading Qld Incorporated Association AI60060 Blue Card Registered Organisation ID 1030694

ABN 90 746 958 129 ACNC Registered Charity ATO Endorsed Deductible Gift Recipient

ADMINSTRATOR IS A REGISTERED NDTF TRAINER ASSESSOR NO 06791

PAWsome ASSISTANCE DOGS INC

APPLICATION FORM 2

GUIDE TO MEDICAL VERIFICATION OF THE NEED FOR AN ASSISTANCE DOG

Please provide this information to your referring Medical Professional

Any Medical Professional may provide an Applicant with a Medical Verification letter. Please give these instructions to your referring Medical Professional

NAME OF PATIENT

ADDRESS

D.O.B

HOW LONG HAVE YOU BEEN THIS PATIENTS MEDICAL PROFFESIONAL?

Please provide information regarding medical conditions to verify that –
“The Applicant has a disability that would benefit from the support of an Assistance Dog.” DDA 1992 requirement. (What disabilities does this patient have, that an Assistance Dog may provide benefit for?)

To meet PAD requirements, please state if in your assessment the person has the mental, emotional and physical capacity to provide for the dog’s care, health, well-being and training, and what if any limitations may impede their capacity e.g. mental health episode, medical episodes.

Please state if the Primary Handler is able to provide care and control of the Assistance Dog on their own or will require an Alternate or Second Handler.

Name and DOB of Alternate/Second Handler/s approved to work with the Minor if applicable.

Please provide verification of the basic purpose and support the Assistance Dog will provide e.g., Mobility, Emotional Support, Social Support, Tethering for protection of the individual.

The contact details of the referring Medical Professional must be clearly provided in the referral here.

The Medical Professional is welcome to contact the Administrator, for further clarification of the requirements. **Administrator Mb 0468614303**

APPLICANT TO PROVIDE: -

- A) A digital copy, by email, as soon as possible, to assist in the processing of the application. Em: pawsomeassistancedogs@outlook.com
- B) Post the original to The Administrator, PAD, PO Box 187, Coopers Plains, Q 4108
- C) Keep a copy for themselves, with ready access to it if challenged in a public access environment.