

# Mental Health Dog/Companion Dog/ Assistance Dog/Therapy Dog



## Documentation

- **Part One** – You can complete on your computer or by handwriting on a printout.
- **Part Two** – Your medical or mental health practitioner completes. You need to make an appointment to ask them to complete their form, make a long appointment so they have time to complete it properly.
- **Part Three** – This will be completed by a Registered Veterinarian, preferably your dog's regular Vet.

When you have completed your forms send them in to secure your interest and have the other documents from Part Two, and Part Three completed and email them to: [pawfectcommunities@gmail.com](mailto:pawfectcommunities@gmail.com) or give them to one of your support team to pass on to the Pawfect Communities Team.

For any help with these forms please contact Pawfect Communities on Ph: 0410 168 070.

# Client Information



Are you completing this form on behalf of a person needing a Mental Health Dog/Companion?

No  Go to next question

Yes

First Name

Last Name

Street address where you live

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Postal address (or write as above)

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Mobile phone no.

Home phone no.

Email address

Your relationship to person in the next question

Tell us about the person needing a Pawfect Communities.  
The person detailed here is our Pawfect Communities Client.

First Name

Last Name

Date of birth

  

Street address where you live

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Postal address

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Mobile phone no.

Home phone no.

NDIS Participant number and Plan Dates

  

If we cannot contact the Pawfect Communities Client in Previous question, who can we contact?

- The person in the first question or
- The person below

First Name

Last Name

Mobile phone no.

Home phone no.

## About your dog

What is your dog's name?

Breed or cross breeds

Age

Microchip number

Is your dog desexed?

Yes

No

You are your dog's carer. In caring for your dog, you will need to feed, groom, medicate for fleas, ticks, heartworm, mites, and other parasites; and arranged medical attention if your dog is sick or injured.

Who will care for your dog if you are unable to do so?

First Name

Last Name

Street Address (we will use this as their postal address)

Contact Number

Email

Do you give permission for us to contact your medical practitioner and your dog's veterinarian if necessary?

Yes  Information they supply is kept confidential

No

## Documents you need to supply

Do you agree to keeping us up to date with your email, phone and personal details?

Yes

No

We need to see some documents to support your application. Have you attached a copy of your dog's:

- **Desexing Certificate**

Yes

No  Without this document your application will be delayed

- **Council Registration Certificate**

Yes

No  Without this document your application will be delayed

- **Vaccination Certificate**

Yes

No  Without this document your application will be delayed

### Declaration:

I declare that the information I have provided in this form is true and correct.

Signature of the person completing the form

Date

Please complete this form to support your client's request for assistance from Pawfect Communities.  
More information is available from Kim Pringuer on Ph: 0410 168 070  
Or from our website: [www.pawfectcommunities.com.au](http://www.pawfectcommunities.com.au)

## 1 What is your:

Title: First Name

Last Name

Postal or Street Address

Postcode

Mobile phone no.

Business phone no.

Email address

## 2 What is your profession?

Medical practitioner  Psychiatrist

Psychologist  Community Health Nurse

Other \_\_\_\_\_ please specify

## 3 What is your patient's:

First name

Last name

## 4 Does your patient live with a mental illness, disability, or disorder?

Yes  No – Do not complete

What is their medical diagnosis?

  
  
  

## 5 Is your patient:

Yes No Not sure

• reliable with their medication?

• suffering from anger issues?

## 6 We need to ask you about your patient's disability in relation to the Disability Discrimination Act 1992. To assist, a disability in relation to your patient means:

- total or partial loss of the person's bodily or mental functions, or
- total or partial loss of a part of the body, or
- the presence of the body of organisms causing disease or illness, or
- the presence in the body of organisms capable of disease or illness, or
- the malfunction, malformation, or disfigurement of a part of the person's body, or
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction, or
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions, or judgement or that results in disturbed behaviour.

and includes a disability that:

- presently exists, or
- previously existed but no longer exists, or
- may exist in the future (including because of a genetic predisposition to that disability), or
- 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.

Does your patient meet the definition of a disability as stated in the Disability Discrimination Act 1992?

Yes

No

Your signature

Date

# Veterinary Certificate

## PART THREE

Please complete this form to support your client's request for assistance from Pawfect Communities.  
information is available from Kim Pringuer on Ph: 0410 168 070

### 1 What is your:

Client's first and last name

### 2 What is their dog's name?

Breed or cross breed

Weight in kg

Date of birth

Gender?

Male

Female

Desexed?

Yes

No

Microchip number

### 3 What are the dates of the dog's C5 Vaccinations?

Date last vaccinated

Date next due

### 4 Does the dog have an effective regime for:

Heartworm

Yes

No

Endoparasites

Yes

No

Ectoparasites

Yes

No

### 5 How would you classify the dog's general health?

**Excellent:** No chronic disorder or disease

**Very Good:** minor complaints associated with normal ageing, etc.

**Good:** condition requiring temporary treatment or managed chronic illness

**Poor:** any dysfunction affecting activities of daily living

### 6 Do you consider that the dog is healthy enough to work as an assistance dog?

Yes

No  Please let us know why

  
  

### 7 Your signature

Date

Practice Name

Address

  
  

Phone

Email address



