



Applicants Details:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No#: \_\_\_\_\_

Emergency Contact:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No#: \_\_\_\_\_

Additional information:

Do you have a clinical diagnosis of PTSD or other mental health disorder?

How do you think having an assistance dog will help you with day to day life?

You agree to attend a min of 3 Dog Training Sessions Per Month YES NO

Is your residence fully fenced? YES NO

Do you need help selecting a suitable dog? YES NO

Are you capable of training a dog yourself? YES NO

What size dog would suit your lifestyle: Small Medium Large

What dog coat would best suit you: Short Medium Long

Do you agree to keep the dog as an inside dog: Yes No

Are all of your family in agreement about getting a dog as an assistance dog:  
YES NO

Does your psychiatrist support your decision to get an assistance dog?  
YES NO

Do you agree to funding all of the animals ongoing medical and general care expenses?  
YES NO

Do you have any other pets? \_\_\_\_\_

Do you require any mobility aids? \_\_\_\_\_

Are you prepared to meet all requirements to ensure the dogs ongoing training? \_\_\_\_\_

How far are you able to travel to training? \_\_\_\_\_

Do you agree to contact Young diggers if you can no longer keep the dog for its intended purpose?  
YES NO



## Psychiatrist to Complete

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No#: \_\_\_\_\_

Patients Name: \_\_\_\_\_

Patients Diagnosis: \_\_\_\_\_

Is anger part of the patient's condition YES NO

Is the patient on medication currently YES NO

Are they reliable with their medication YES NO

Is your patient capable of caring for a dog YES NO

Will the dog be safe in your patients care YES NO

Does your patient have issues with balance YES NO

How do you expect your patient to benefit from having an assistance dog?  
\_\_\_\_\_

In your medical 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 to Young diggers your patient is giving consent for us to contact you as necessary.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Personal Reference

Must be someone who knows you but not a family member

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No#: \_\_\_\_\_

Applicants name: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Having an assistance dog can be expensive do you believe the applicant will be able to afford those expenses? \_\_\_\_\_

Does the applicant have other animals? \_\_\_\_\_

Where do the animals sleep? \_\_\_\_\_

Are the animals well cared for? \_\_\_\_\_

Have you seen the applicant be violent towards an animal? \_\_\_\_\_

How do you think an assistance dog will benefit the applicant? \_\_\_\_\_

By applying to Young diggers your patient is giving consent for us to contact you as necessary.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_