*This form must be completed by a health practitioner e.g. physician, general practitioner, medical specialist or clinical psychologist.*

This form is required as supporting evidence for your patient’s application to the Department of Agriculture, Fisheries and Forestry for an import permit for an assistance dog.

Assistance dogs in essence are those trained to assist a person with a disability to alleviate the effect of the disability. Disability includes loss of a person's bodily or mental functions or part of the body; the presence in the body of organisms causing/capable of causing disease or illness malfunction or disfigurement of a part of the person's body; a learning disorder; a disorder, illness or disease that affects a person's thought process, perception of reality, emotions or judgement or that results in disturbed behaviour

Please complete this form in full.

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | CLIENT’S NAME |  | |
| **2.** | Does your client have a disability? | | YES NO |
| **3.** | Is your client dependent on an assistance dog for day-to-day tasks and to alleviate the effects of their disability? | | YES NO |
| If yes, please explain how this is different from the role of a pet dog and why this client’s dog should be recognised as an assistance dog. Please also indicate whether the client will need ongoing support from the assistance dog. | | | |
|  | DOG’S NAME |  | |
| **4.** | Please provide any additional information that you feel may be useful in evaluating your patient’s application: *(additional documentation may be attached)* | | |

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| --- | --- | --- | --- |
| HEALTH PRACTITIONER’S NAME |  | | |
| TITLE/QUALIFICATIONS |  | | |
| CLINIC NAME |  | | |
| ADDRESS |  | | |
| TELEPHONE NUMBER |  | | |
| EMAIL ADDRESS |  | | |
| SIGNATURE |  | DATE (dd/mm/yyyy) | / / |