



Personal information means information or an opinion about an identified individual, or an individual who is reasonably identifiable. 'Personal information' that is collected under or in accordance with the *Biosecurity Act 2015* is also 'protected information' under the *Biosecurity Act 2015*. The collection of protected information including personal and sensitive information by the Department of Agriculture and Water Resources (the department) in relation to this form is being collected under the *Biosecurity Act 2015* for the purposes of assessing your application to import your cat or dog and related purposes. If the relevant personal information requested in this form is not provided by you, the department may be unable to process your application. Information collected by the Department will only be used or disclosed as authorised under the *Biosecurity Act 2015*. The personal information requested on this form may be disclosed to other Commonwealth or State Agencies. It will usually not be disclosed overseas. In every case it will only be disclosed if authorised by the *Biosecurity Act 2015*. See our [Privacy Policy](http://www.agriculture.gov.au/about/privacy) web page (<http://www.agriculture.gov.au/about/privacy>) to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.

Declaration

I, _____ (Full name in capital letters)

Being the person who uses the assistance dog identified below, or that person's carer, declare that:

- The dog has been in my / the person with a disability's service for at least six months.
- I understand the conditions detailed below and undertake to comply with these conditions, acknowledging that compliance is necessary for the post-arrival quarantine isolation to be served at my nominated address.
- The premises at the nominated address (shown below) is suitable for compliance with the conditions detailed below.

Animal details

Microchip number

Name of animal

Age or date of birth
(dd/mm/yyyy)

Breed

Sex

Male
(entire)

Female (entire)

Male de-
sexed

Female de-sexed

Nominated address

Address line 1

Address line 2

Address line 3

Suburb

State/Territory

Postcode

Phone

Fax

Email



Conditions of Quarantine Isolation

During the quarantine isolation period:

1. No other cats or dogs will be present at the nominated address, except any other assistance dog/s owned by the resident/s at the nominated address. I understand that any such dog/s are subject to the same biosecurity conditions as the imported dog.
2. The assistance dog will remain leashed and under my direct control at all times when it is not confined at the nominated address.
3. I will promptly inform the Department of Agriculture and Water Resources of any illness of the dog. If I seek veterinary treatment of the dog, I will advise the attending veterinarian that the animal is under quarantine isolation and that a veterinary report for the Department is required.
4. I acknowledge that a biosecurity officer may visit the nominated address at any time while the dog is undergoing quarantine isolation and, agree to co-operate in this matter with the biosecurity officer.
5. I acknowledge that the dog will undergo quarantine isolation for 10 days, or a greater period as a biosecurity officer may decide.
6. I acknowledge/understand that a biosecurity officer may exercise powers under the *Biosecurity Act 2015* including requiring the dog to be inspected, treated, tested or removed to the post entry quarantine facility.
7. On the proposed end date of the quarantine isolation period I will:
 - a) Take the dog to a registered veterinarian for examination; and
 - b) Ensure the registered veterinarian completes the ‘assistance dog veterinary report’ form in the import permit, and return it to the department by fax or email for consideration for release from biosecurity control.

Signature of the person/person’s carer:

Name:

Date: (dd/mm/yyyy)

Departmental Officer to complete on receipt of this declaration

Name of Departmental Officer:	
Signature of Departmental Officer:	
Date:	