



***Medical history form for assistance dog handlers***

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.

*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 and Water Resources 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. All information will be kept strictly confidential.

<b>1.</b>	CLIENT'S NAME		
<b>2.</b>	Does your client have a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>3.</b>	Is your client dependent on an assistance dog for day-to-day tasks and to alleviate the effects of their disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>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.</p>			
	DOG'S NAME		
<b>4.</b>	Please provide any additional information that you feel may be useful in evaluating your patient's application: <i>(additional documentation may be attached)</i>		



**Australian Government**  
**Department of Agriculture  
and Water Resources**

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

**DEPARTMENT OF AGRICULTURE AND WATER RESOURCES**

AD 08/18