



The Department of Agriculture, Fisheries and Forestry (department) collects your personal information in relation to this application as required under the *Biosecurity Act 2015* (Cth) for the purposes of assessing your application to import an assistance dog to Australia and related purposes.

If you fail to provide all of the relevant personal information requested in this application, the department may be unable to process your application.

The department may disclose your personal information to other Australian government agencies, State or Territory government agencies and other persons or organisations where necessary for the above purposes, provided the disclosure is authorised under the *Biosecurity Act 2015*. Your personal information will be handled in accordance with the *Australian Privacy Principles* and the *Biosecurity Act 2015*.

See the department's [Privacy Policy](http://privacy@aff.gov.au) to learn more about accessing or correcting personal information or making a complaint. Alternatively, email the department at [privacy@aff.gov.au](mailto:privacy@aff.gov.au).

*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: <i>(additional documentation may be attached)</i>		



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