



LIONS ASSISTANCE DOGS **APPLICATION** **BOOKLET**

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This document has many sections that are important to understand, please read carefully and answer questions as correctly as possible throughout. There will be a fillable section at the end for you to include any information that might not be provided during the questionnaire section.

SECTION A: Introduction and overview.

Who are Lions Assistance Dogs and what do we do?

Lions Assistance Dogs was founded in 1982 with the purchase of our National Training Centre at Verdun in the Adelaide Hills. It stands as the only Accredited Centre for the training of Hearing Assistance Dogs in Australia and since inception, has delivered over 750 dogs, free-of-charge, to people in need nationwide. It has since developed two other programs: Medical Assistance Dog program, focusing on Diabetic Alert Dogs and our Psychiatric Assistance Dog Program.

Our Lions Assistance Dogs Programs

There is **no one breed** which makes a perfect Assistance Dog.

Traditionally, all dogs were sourced from pounds and shelters with this now changing recently to being sourced from our own Breeding Program. Breeds offered include **Labradoodles, Border Terriers, and Tenterfield Terriers**, but can change from time to time.

Hearing Assistance Dog Program

[Hearing Assistance Dogs are taught to respond to over 9 common household sounds](#) which

include door knocks and bells, alarm clocks, phones, baby cries and, most importantly, smoke alarms. The trainee dogs are taught to locate these sounds and physically alert their recipients by touching them with a paw. This is a prompt to follow the dog to the source of the sound. The only sound that is taught differently is the 'smoke alarm' where the dog will touch, then drop to alert their recipient that it is an emergency. As like all Lions Assistance Dogs they are trained to '**get help**' if their recipient falls unresponsive and someone is close by.

Medical Assistance Dog Program

The concept of training dogs for medical conditions is not unique. However, Lions Assistance Dogs aims to be the only organisation in Australia who provides such dogs for free, much like our Hearing Assistance Dogs. [Our first dog developed in the Medical Assistance Dog Program is a Diabetic Alert Dog.](#)

Where Hearing Assistance Dogs use their sense of hearing to alert to common household sounds, Diabetic Alert Dogs use their sense of smell to alert to a person's blood sugar levels. A dog's sense of smell is over 10,000 times more acute than that of a human. When experiencing a low or high blood glucose level, a person will emit chemicals detectable by dogs from their sweat and saliva.

During training, trainee Diabetic Alert Dogs are introduced to the scent of low and high blood glucose levels via the use of saliva samples collected by volunteers with type 1 diabetes. They learn to recognise these scents and alert to them in a similar way to Hearing Assistance Dogs, with a touch of a paw.

A Diabetic Alert Dog is also trained to; respond to fluctuating blood glucose levels by alerting their recipient with a paw touch or, retrieving Hypokits which can be filled with sugar sources and bringing them back to their recipient, as well as triggering an emergency button for help if the Recipient falls unresponsive, this will send out a message to an emergency contact. They are also trained with the task 'get help'.

Psychiatric Assistance Dog Program

The Psychiatric Assistance Dog program aims to utilise the skills harnessed in our Assistance Dog team and across the organisation over many years of service provision, [providing crucial support to Veterans of the Australian Defence Force who have a diagnosis of Post Traumatic Stress Disorder \(PTSD\)](#).

The program's task training consists of teaching each Psychiatric Assistance Dog to assist in alleviating stressful situations that a Veteran may incur. These may include but are not limited to:

- 'Press' - the dog will push a button with their nose which is programed to send a message to emergency contacts.
- 'Up' - to apply deep pressure therapy on a person. (dogs under 10kgs will jump on lap, while dogs over 10kgs will place two paws on a persons' body).

- 'Chin' - to place head on a person's lap to interrupt anxious behaviours, such as head scratching, hands fidgeting, leg bouncing, finger picking, etc.

Additional training to further accomodate a specific recipient may be included, such as:

- 'Get help' - command to send for another person for assistance.
- 'Place' - command to create barrier and lay in a specific space, physcially protecting a recipient's personal space.
- Interrupting night terrors.

Psychiatric Assistance Dog training can be tailored to recognise different anxiety behaviours. These can be but are not limited to, head scratching, hands fidgeting, leg bouncing and finger picking. Currently the Psychiatric Assistance Program is only open to applicants who apply via the Department of Veteran Affairs (DVA).

Delivery Process

When a Lions Assistance Dog has completed its training, it can be placed with its new Recipient anywhere in Australia. The trainer will travel with the dog and spend a week training its new recipient on how the dog will work at home and when out during their daily routines. This will be called the placement, or delivery week. Additionally, the Lions Club sponsoring the delivery of the Assistance Dog will also be involved in the placement week, where members of the Lions Club will be trained to assist the recipient three times a week, for the first three months post-placement.

By the time this stage has been reached, it has cost the organisation **\$40,000 to train and provide a Lions Assistance Dog to a recipient.**

These dogs go out free-of-charge to the recipient, with money being raised by Lions Clubs across Australia as well as generous members of the public.

The Application Process

Application Received



Once you finish with all your reports and filled out your application. Send or email your application in, and we will send you an application received confirmation.

Interview



Once we finished looking over your application, one of our team will reach out to you to arrange an interview.

Assessment Panel



After the interview, we will take some time to assess your background and situation. This could take a couple of weeks.

Approval given



Once we have assessed everything, we will let you know that you have passed. If unsuccessful, reasons will be provided.

Waiting List



If your application is successful, you will be placed on our waiting list. Next step will be online training 6 months prior to offer.

Offer of Dog



When we have a Lions Assistance Dog ready for you, our team will email to notify you of the exciting news!

Placement



We will arrange a time when our trainer and the Lions Assistance Dog will be able to come to you. Placement will take about a week!

Lions Assistance Dogs' support does not stop here. Trainers are in contact with their Recipients throughout the post-placement period to offer additional training and support. After three months, an assessment is conducted to ensure that the Lions Assistance Dog is meeting the high standards required to become an accredited Assistance Dog. These visits are continued every 1-2 years thereafter.



How to complete your application for a Lions Assistance Dog:

Hearing Assistance Dog Program:

You will need to supply

- A completed application booklet.
- A medical report from your GP. Medical report template is included in the application pack.
- Your most recent audiogram and audiologist report. If you have a Cochlear Implant or Hearing Aids, you can still qualify for an Lions Assistance Dog.
- Signed application agreement and release forms included in the application pack.
- Full length colour photograph of the applicant, (other people may be in the photo).

Medical Assistance Dog Program:

You will need to supply

- A completed application booklet.
- A medical report from your GP. Medical report template is included in the application pack.
- Your most recent Diabetes Professional report. If you have type 1 diabetes, you will qualify for a Diabetic Alert Dog.
- Signed application agreement and release forms included in the application pack.
- Full length colour photograph of the applicant, (other people may be in the photo).

Psychiatric Assistance Dog Program:

You will need to supply

- A completed application booklet.
- DVA client number.
- Any supporting documents required for the booklet from either, Psychiatrist, Counsellor, Psychologist, DVA etc.
- Signed application agreement and release forms included in the application pack.
- Full length colour photograph of the applicant, (other people may be in the photo).
- Applications currently only accepted via DVA.

Eligibility, Privacy and Consent

- Applicants must demonstrate that they have a permanent disability or medical condition which impacts their daily living and independence. All applications are required to include supporting medical documentation from a qualified health professional confirming the nature of the disability and the functional limitations it creates. In addition to medical requirements, applicants must be able to provide a safe, stable, and suitable home environment that will support the welfare and ongoing training needs of an Assistance Dog. Consideration will also be given to lifestyle factors, including the applicant's ability and commitment to actively participate in the care, handling, and partnership of the dog. Each application is assessed on an individual basis to ensure an appropriate match between the applicant and an Assistance Dog, with the overarching priority being the long-term wellbeing of both the individual and the dog, and is not assessed based on race, gender or religion.
- Lions Assistance Dogs is committed to protecting the privacy and confidentiality of all applicants. Information provided in the application, including medical and personal documentation, will be collected solely for the purpose of assessing eligibility and determining suitability for an Assistance Dog. By submitting an application, applicants consent to the use of their information by Lions Assistance Dogs staff and authorised representatives involved in the assessment process. Personal information will not be shared with external parties without the applicant's prior consent, except where required by law. All records are stored securely in accordance with privacy legislation.

Please note prior to applying for a Lions Assistance Dog:

- They are only suitable for people over 18.
- If you are employed, a Lions Assistance Dog will not be suitable unless you are willing to take the dog with you to work, which you are legally allowed to.
- Please don't make any changes to fencing prior to approval for a Lions Assistance Dog.

Finally

Applicants who have previously had a Lions Assistance Dog will be given priority on our waiting list if their application is successful.

When completed, please send the application and supporting material to:

Lions Assistance Dogs

PO Box 164
Hahndorf SA5245

Any questions regarding the application process or about Lions Assistance Dogs, please contact the Training Centre on:



Phone: 08 8388 7836

Email: info@

lionsassistedogs.com.au

SECTION B:

General Applicant Information.

Which program are you applying for?

☐

Hearing Assistance Dog

☐

Medical Assistance Dog

☐

Psychiatric Assistance Dog

Currently only offered via DVA

B.1 PERSONAL DETAILS

1. First Name.

2. Surname.

3. Gender, Please select.

☐

Male

☐

Female

☐

Non-binary

Other

4. Date of Birth (DD/MM/YYYY).

5. Country of Birth.

6. Aboriginal or Torres Strait Islander.

☐

7. Languages spoken at home.

B.2 CONTACT DETAILS

1. Residential Address.

2. Postal Address.

3. Mobile Number.

4. Phone Number.

5. Email Address.

6. Preferred Method of Contact.
(tick what applies)

☐

Email

☐

Mail

☐

Phone

☐

SMS

☐

SMS Only

B.3 EMERGENCY OR ALTERNATIVE CONTACTS

CONTACT 1.

1. Name.

2. Phone.

3. Relationship to applicant.

CONTACT 2.

1. Name.

2. Phone.

3. Relationship to applicant.

B.4 LIVING ARRANGEMENTS AND ACCOMMODATION

1. What type of housing do you live in?

☐

House

☐

Townhouse

☐

Apartment

☐

Duplex

☐

Caravan

Other

2. What type of area do you live in?

☐

Suburban

☐

City

☐

Rural

Other

3. Do you own or rent your home?

☐

Own

☐

Rent

Other

4. If renting, have you notified your landlord about your application? Please note you will need written approval before your application can proceed.

☐

Yes

☐

No

☐

N/A

5. Do you have a yard?

☐

Yes

☐

No

6. If yes; please complete the following information.

Yard area size (in m2 approx)

Secure fencing

☐

Y

☐

N

Fence Height (m)

Fence Material

7. If your fencing does not meet the minimum requirements, are you prepared to improve the fencing prior to being provided an Assistance Dog?

☐

Yes

☐

No

B.5 Please list all people living with the applicant. If not enough room, please include an additional page with your application that includes the below information for all residents.

Name.

Age.

Relationship to applicant.

Name.

Age.

Relationship to applicant.

Name.

Age.

Relationship to applicant.

B.6 Please complete this section if you live with other people (Family, friends, roommates). If you live alone, please skip. Are there people living with the applicant;

1. Allergic to dog hair?

☐

Yes

☐

No

2. Prepared to support the Assistance Dog placement to contribute to its' success?

☐

Yes

☐

No

3. Happy for the Assistance Dog to alert them to sounds or perform tasks if and when required?

☐

Yes

☐

No

4. Do the people living with the applicant have the same condition for the purpose of this application? E.g. if you are deaf or hard of hearing, and applying for a Hearing Assistance Dog, do you live with anyone who is also deaf or hard of hearing?

☐ Yes

☐ No

SECTION C: Lifestyle & Readiness

C.1 TRANSPORT AND DAILY LIFE

1. Do you drive?

☐ Yes

☐ No

2. What methods of transport do you use regularly? Select all that apply.

☐ Car

☐ Bus

☐ Bicycle

☐ Taxi/rideshare

☐ Train

☐ Plane

☐ Tram

Other

3. Which option best describes your lifestyle? Select all that apply.

☐ Full-time

☐ Part-time

☐ Casual work

☐ Study

☐ Unemployed

☐ Retired

☐ Volunteer

Other

4. On an average day, how many hours do you expect to be away from home?

☐ Less than 3

☐ 3-8

☐ More than 8 hours a day

5. When you are away from home, do you anticipate your Assistance Dog will go with you?

☐ Yes

☐ No

C.2 CAPACITY TO CARE FOR A DOG

1. Have you owned a dog before?

☐

Yes

☐

No

2. If yes, please include information on breeds owned, how long ago, and any other information that may be useful of your knowledge on owning a dog.

--

3. Do you currently own a dog?
- please note, in many cases it is unsuitable to deliver an Assistance Dog into a home that already has a dog.

☐

Yes

☐

No

4. Do you own any other pets?

☐

Yes

☐

No

5. If yes, please complete the below information.

Species (list below)	Age (list below)

6. Do you have wild animals on your property? if yes please list.

☐ Yes

☐ No

2. If yes, would an Assistance Dog have access to them at anytime?

☐ Yes

☐ No

C.3 FINANCIAL CAPACITY

1. Can you afford the ongoing Veterinary costs of owning a dog, as well as any emergency medical care required.

☐ Yes

☐ No

2. Can you afford the ongoing feeding and associated costs of the dog?

☐ Yes

☐ No

3. Can you afford to board your dog should you go on holidays without them?

☐ Yes

☐ No

4. Can you afford any other expenses incurred as a result of owning a dog?

☐ Yes

☐ No

5. What are your sources of income or support? Please tick all that apply.

☐ Employment/wages

☐ Centrelink pension/payment

☐ DVA pension/payment

☐ MyAgedCare

☐ Self-funded pension

☐ NDIS participant

Other

6. Do you manage your own finances?

☐

Yes

☐

No

7. Are you under the care of the Public Trustee? - If yes, you will need written approval from the Public Trustee that you are financially eligible to apply for an Assistance Dog.

☐

Yes

☐

No

C.4 OVERALL HEALTH & MOBILITY

1. Do you have any disabilities or health conditions in addition to the reasons you are applying for an Assistance Dog? please list.

2. Do you use mobility aids (e.g. wheelchair, walking frame, walking stick)? please list.

3. Do you have any concerns opening/closing your hands for the use of any buckles, snap locks, etc.?

☐

Yes

☐

No

4. Are you able to walk a dog on your left-hand side? If not, please explain so the training team can best support you.

5. Are you a smoker?

☐

Daily

☐

Casually

☐

No

6. Are you allergic to dog hair? If yes, please note the hypoallergenic options in the dog selection in SECTION D.

☐ Yes

☐ No

7. Do you have any other allergies? Please indicate.

8. Do you have a carer that assists in any capacity with daily life?

☐ Yes

☐ No

9. Are you physically able to exercise a Lions Assistance Dog for a minimum of 30 minutes each day? - If no, do you have someone who can support you with this?

☐ Yes

☐ No

If no who can support?

C.5 PLACEMENT AVAILABILITY

A Lions Assistance Dog is delivered to your home over the course of a work week, arriving on the Monday and spending each day with the Trainer to hand over the care and training of the dog. In addition, the success of these placements can be attributed to the three month placement support often provided by Lions in your local community.

1. Can you be available for a 1 week period (Monday - Friday) when your Lions Assistance Dog arrives? If you study or work you will need to apply for this time off.

☐ Yes

☐ No

2. If required, how much notice do you need to provide your employer or education provider? Please indicate.

3. Do you agree to your local Lions volunteers visiting your home three times a week for three months to support the ongoing training of your Lions Assistance Dog? (Please note that this is NOT a requirement for Department of Veteran Affairs clients).

☐ Yes

☐ No

4. Should volunteers be unavailable in your local area, do you have a support network of family and friends who could assist this process?

☐ Yes

☐ No

5. To ensure consistency for your Lions Assistance Dog early on, do you agree not to take any trips away from home for more than three consecutive nights during the three month supports period?

☐ Yes

☐ No

SECTION D: Dog Selection

A Lions Assistance Dog comes in many shapes and sizes. Please remember, the more specific the applicant is in the breed and size requested, the more impact it will have on the potential waiting period for an Assistance Dog to be offered. Please select the dog breed/s and size/s that will best suit the applicant's lifestyle and needs.

- ☐ **Labradoodle**
- ☐ **Small (under 7kgs)**
- ☐ **Medium (7-14kgs)**
- ☐ **large (over 14kgs)**

A Labradoodle is a multi-generational crossbreed between a Labrador Retriever and a Poodle, known for being intelligent, gentle, and highly trainable. Their coats can vary from curly to wavy, requiring regular grooming to prevent matting. Professional grooming every 6–8 weeks, along with frequent brushing, keeps them comfortable, healthy, and well-presented. Labradoodles are also excellent choices for allergies as they are hypoallergenic.



- ☐ **Border Terrier**
(Average size is 5 - 8 kgs)

A Border Terrier is a small, energetic, and affectionate breed. They are intelligent, resilient, and eager to please, making them excellent companions. Their wiry double coat requires regular brushing and occasional hand-stripping to maintain its texture and prevent excess shedding.



- ☐ **No specific breed or size**

At times, we may have additional breeds in the program that include rescue dogs.



SECTION E: Program-Specific Questions

PLEASE ONLY COMPLETE the section associated with the type of Assistance Dog you are applying for, you can skip the other programs listed.

Hearing Assistance Dog - Pg. 16 (E.1)

Medical Assistance Dog - Type 1 Diabetes - Pg. 18 (E.2)

Psychiatric Assistance Dog - Pg. 21 (E.3)

E.1 HEARING ASSISTANCE DOG PROGRAM

1. What is your level of hearing loss? (etc. Mild, Moderate, Severe, Profound, Deaf).

2. How long have you been Deaf? (Year of onset if applicable).

3. What caused your deafness? (if known).

4. Do you use hearing aids or cochlear implants?

☐

Hearing Aids

☐

Cochlear Implants

☐

Both

☐

Neither

5. What are some challenges experienced due to hearing loss (e.g. missing alarms, doorbells, safety concerns).

6. How would a Hearing Assistance Dog support your daily life?

7. Please select your communication preferences (select all that apply).

☐

Oral Speech

☐

Partial hearing

☐

Auslan

☐

Written English

☐

Lip-reading

Other

8. Audiologist or specialist contact info *you will be required to include your latest audiogram or audiologist report with your application*

Clinic Name:

Email Address:

Contact No:

Applicant
Name

Applicant
Signature

Witness
Name

I give permission for Lions Assistance Dogs to contact my audiologist, specialist, or relevant health professional to verify the information provided in this application. I understand that my medical reports or audiogram may be shared for assessment purposes only, and will remain confidential.

E.2 MEDICAL ASSISTANCE DOG PROGRAM - TYPE 1 DIABETES

1. What year were you diagnosed with type 1 diabetes? (include the year and your age).

2. What is your most recent HBA1C? (include date and results).

3. What is your BGL target range (low to high).

4. What are you concerned about?

☐ Low BGL

☐ High BGL

☐ Both

5. Do you experience hypoglycaemic unawareness? (i.e. have trouble identifying that your BGL has fallen dangerously low).

☐ Yes

☐ No

6. Frequency of below BGL target range (low) per day.

7. Frequency of above BGL target range (high) per day.

8. When do you experience difficulties in managing your BGLs?

☐ Day time

☐ Night time

☐ Both

☐ Varies

9. What technology do you currently use to manage your BGLs?
Select all that apply.

☐ CGM

☐ Insulin pump

☐ Insulin injections

☐ Manual finger prick

Other

10. How often do you check your BGL each day? (using a manual finger price or other method?).

11. Do you or have you collapsed or experienced hypo-related seizures? Please share details.

12. Have you been hospitalised as a result of your diabetes? (If yes please include year/s and details).

☐ Yes ☐ No

13. Do you deliberately run your BGL higher to avoid hypos?

☐ Yes ☐ No

14. Do you feel your quality of life is impacted by your diabetes? (If yes, please describe in what way).

☐ Yes ☐ No

14. What gaps do you feel exist in the services your current health care team provide, that you believe an Assistance Dog will provide support with?

15. Endocrinologist or other health care provider contact info.

Clinic Name:

Email Address:

Contact No:

Applicant
Name

Applicant
Signature

Witness
Name

I give permission for Lions Assistance Dogs to contact my Endocrinologist, specialist, or relevant health professional to verify the information provided in this application. I understand that my medical reports may be shared for assessment purposes only, and will remain confidential.

E.3 PSYCHIATRIC ASSISTANCE DOG PROGRAM (VIA DVA)

1. DVA client number.

2. What is your current mental health diagnosis?

☐

PTSD

☐

Anxiety

☐

Depression

Other

3. What is the impact of your condition on your daily life?

4. What are your existing supports? (E.g. Psychiatrist, counsellor/psychologist, medications, any DVA-funded supports) Please indicate.

5. Functional goals (E.g. reduce panic attacks, increase independence) Please indicate.

6. Psychiatrist/psychologist or other health care provider contact info.

Clinic Name:

Email Address:

Contact No:

Applicant
Name

Applicant
Signature

Witness
Name

I give permission for Lions Assistance Dogs to contact my Psychiatrist, Psychologist, specialist, or relevant health professional to verify the information provided in this application. I understand that my medical reports may be shared for assessment purposes only, and will remain confidential.

Continue through to **SECTION F** -

SECTION F: Medical & Professional Reports

**To be completed by the applicant's treating GP and/or specialist.
Separate form for professionals.**

APPLICANT MEDICAL REPORT

PREAMBLE

This patient has applied to our organisation to receive, free-of-charge, a Lions Assistance Dog. Because of various factors that can lead a delivery to fail, we would appreciate your professional report and comments.

In performing this examination, please consider the following:

1. If approved, the Lions Assistance Dog will need to be an almost constant companion to the recipient. If the dog spent long periods away from the recipient, the dog may stop working.
2. The dog will need daily exercise as well as detailed ongoing training. This must be completed by the recipient.
3. The delivery of the dog can be demanding, physically and mentally, for the recipient. There is a lot to learn and go through in a limited amount of time.
4. As a dog has a working life of 10-13 years, any short-term placement is not considered as an option as it is a waste of valuable and limited resources for the delivering organisation.

5. Ownership of a Lions Assistance Dog requires the ability to cope with ongoing management of the dog.

Your assistance in completing this medical report is essential to a successful assessment of the applicant.

Please ask the patient to return the report sealed in an envelope to us with the application form. Or via email directly to us.

We greatly appreciate your time and assistance. Thank you.

LIONS ASSISTANCE DOGS

PO Box 164
Hahndorf SA 5245

Phone: (08) 8388 7836

Email: info@lionsassistedogs.com.au



CONFIDENTIAL

MEDICAL REPORT FOR THE LION ASSISTANCE DOG PROGRAMS

(This form is to be completed by a Medical Practitioner)

PATIENT DETAILS

1. Full Name

2. Date of Birth

3. Address

4. Height

5. Weight

6. Does the patient have the following medical conditions: (see below)

CARDIO VASCULAR

1. Blood Pressure

HIGH

☐

LOW

☐

2. Heart Disease

YES

☐

NO

☐

3. Peripheral Vascular

YES

☐

NO

☐

4. Hypertension

YES

☐

NO

☐

NEUROLOGICAL

1. CVA/TIA

YES

☐

NO

☐

2. Vertigo

YES

☐

NO

☐

3. Dizzy Spells

YES

☐

NO

☐

4. Epilepsy

YES

☐

NO

☐

5. Comments

CONFIDENTIAL

HEARING

1. Hearing Loss: Mild ☐ Moderate ☐ Severe ☐ Unknown ☐

2. Hearing Aid/Cochlear Implant YES ☐ NO ☐

3. Meniere's YES ☐ NO ☐

4. Comments

GENERAL

1. Allergies (Please list)

2. Medication (Please list)

3. Vision AIDED ☐ UNAIDED ☐

4. Any vision abnormality YES ☐ NO ☐

Comments

6. Diabetic YES ☐ NO ☐

Comments

CONFIDENTIAL

RESPIRATORY

1. Asthma	YES	☐	NO	☐
-----------	-----	--------------------------	----	--------------------------

2. C.O.A.D.	YES	☐	NO	☐
-------------	-----	--------------------------	----	--------------------------

3. Any Abnormality	YES	☐	NO	☐
--------------------	-----	--------------------------	----	--------------------------

4. Comments

MUSCOLOSKELETAL

1. Arthritis - Osteo	YES	☐	NO	☐
----------------------	-----	--------------------------	----	--------------------------

2. Arthritis - Rheumatoid	YES	☐	NO	☐
---------------------------	-----	--------------------------	----	--------------------------

3. Mobility Aids	YES	☐	NO	☐
------------------	-----	--------------------------	----	--------------------------

4. Any Abnormality	YES	☐	NO	☐
--------------------	-----	--------------------------	----	--------------------------

5. Comments

PSYCHOLOGICAL

1. Good Comprehension	YES	☐	NO	☐
-----------------------	-----	--------------------------	----	--------------------------

2. Compliance with Instructions	YES	☐	NO	☐
---------------------------------	-----	--------------------------	----	--------------------------

3. Diagnosed Psychological/ Psychiatric Conditions	YES	☐	NO	☐
---	-----	--------------------------	----	--------------------------

4. Comments

CONFIDENTIAL

5. Any signs of substance abuse

YES ☐

NO ☐

6. How far is the Applicant capable of walking a dog on a daily basis?

7. How do you communicate with the Applicant? (Verbal, Auslan, Written).

8. Are there any physical or psychological considerations that could affect the applicant's eligibility to be a recipient of a Lions Assistance Dog? E.g. Unsteady gait, dizzy spells, mobility issues.

9. Any other relevant information.

Name of Practitioner completing this report: _____

Phone Number: _____

Email: _____

**Thank you for your time and attention to this report
to assist Lions Assistance Dogs in assessing the
applicant for an Assistance Dog.**

SECTION G: Consent & Declaration

This application agreement form should be signed, witnessed, dated and returned to the Training Centre along with the application form. If this form is not returned, the application will be placed on hold until such time as the form is received.

Lions Assistance Dogs will provide me with an Assistance Dog at no cost on the following terms:

From the date of delivery I will be responsible at my cost for:

1. Arrangement for all necessary Veterinary care of my Assistance Dog, including but not limited to annual vaccination boosters, preventative heartworm treatment and emergency care. I will also be responsible for payment of all accounts incurred.
2. The general health and welfare, feeding and continued training of my Assistance Dog. This includes time spent with other persons in my absence.
3. Ensuring that the Assistance Dog is used as trained, that qualifying conditions are not altered after delivery and the dog is not neglected or abused in any way.
4. Should my health and fitness vary significantly between the application being approved and delivery, a further review will be required in all cases.
5. I accept that once delivered, my Assistance Dog will be tested regularly to ensure it is meeting public access standards and is able to work in the manner to which it was trained.
6. I agree that once I receive an Assistance Dog, I will not have another dog live on my premises during the Assistance Dog's working life.

If I fail to fulfill any or all of the above at any time, my Lions Assistance Dog may be withdrawn. If my Assistance Dog is withdrawn, with Veterinary or other expenses outstanding, I will be liable for payment of these debts.

Information provided in this application may be used in a de-identified format for research, reporting, and statistical purposes. All personal identifiers will be removed to protect your privacy, and no information will be published or shared in a way that could identify you.

Should your application for a Lions Assistance Dog be rejected, Lions Assistance Dogs will advise of the reasons.

Print Name: _____

Signed: _____

Witness: _____

Date: _____

SECTION H: Checklist & Submission

- ☐ All questions in application answered.
- ☐ Included recent full length photograph enclosed.
- ☐ Signed Application Agreement Form.

Hearing Assistance Dog Program

- ☐ Copy of the latest audiogram/audiologist report.

Medical Assistance Dog Program

- ☐ Included Endocrinologist/Diabetes Educator form

Medical forms

- ☐ Medical practitioner form has been completed and enclosed
- ☐ Medical release signed

Failure to complete any of the above will delay processing your application.

Send completed application to:

PO Box 164

Hahndorf SA 5245

Or email to info@lionsassisteddogs.com.au

You may wish to make a copy of this application for your records.

SECTION I: Extra Details

Extra details:

Please indicate which section you are referencing (e.g. Pg. 7, B.4)

Extra details:

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