

Endex Service Dogs – Application for a Service Dog

WRITE CLEARLY IN BLOCK LETTERS USING BLACK OR BLUE PEN

If you choose to attach additional information to your application when you email it to Endex Service Dogs, you are welcome to.

SECTION 1: PERSONAL INFORMATION

Full Name: _____

Gender: _____

Date of Birth: _____

Residential Address: _____

Postal Address (if different): _____

Phone Number: _____

Email Address: _____

SECTION 2: MEDICAL INFORMATION

Primary Disability/Medical Diagnosis: _____

Other Relevant Diagnosis or Conditions: _____

How does your disability affect your daily life?

Do you use any of the following supports?

- ☐ Wheelchair
- ☐ Walking aid
- ☐ Mobility scooter
- ☐ Assistance from support workers
- ☐ Therapy or medical equipment
- ☐ Companion animals or pets
- ☐ Other:

SECTION 3: SUPPORT NETWORK & FUNDING

Do you understand that *if* you are successful in your application, a mandatory donation of \$5000 is required once a dog has been matched with you? (a minimum of 3 months prior to the handover period)

- ☐ Yes
- ☐ No

Do you live:

- ☐ Alone
- ☐ With family/partner
- ☐ In supported accommodation
- ☐ Other:

Do you have a support person who can help care for the dog if needed? ☐ Yes ☐ No

If yes, do they live with you? ☐ Yes ☐ No

Emergency Contact Name: _____

Phone: _____

Relationship to you: _____

SECTION 4: LIFESTYLE & ENVIRONMENT

Housing type:

- ☐ House
- ☐ Apartment
- ☐ Townhouse
- ☐ Rural property
- ☐ Other:

Is your home:

- ☐ Owner-occupied
- ☐ Rented
- ☐ Shared accommodation

If renting, who is the property manager? _____

If you are renting, we can support you to work with your property manager to ensure a smooth transition for the team.

Does your home have access to a safe, enclosed outdoor area appropriate for a dog to toilet? ☐ Yes ☐ No

Do you currently have pets? If yes, provide details: _____

Are you able to exercise the dog daily?

- ☐ Yes
- ☐ No
- ☐ With assistance

SECTION 5: SERVICE DOG NEEDS & GOALS

Why do you want an Endex Service Dog?

What tasks do you hope the dog will assist with? _____

Do you have experience with dogs?

☐ Yes – pet

☐ Yes – trained/worked. In what capacity: _____

☐ No – it's ok to be a clean slate! We just need to know how much support will be needed during the handler training.

Are you committed to training, assessments, and learning how to care for and work with a Service Dog?

☐ Yes ☐ No

Do you understand that maintaining the dog's training throughout its life will be up to you (If matched with an Endex Service Dog)? ☐ Yes ☐ No

SECTION 6: VETERINARY & ALLERGY CONSIDERATIONS

Do you or household members have dog allergies? ☐ Yes ☐ No

If yes, how do you intend to manage this? _____

If you are successfully matched with an Endex Service Dog, do you understand that once a dog is placed, **you** are responsible for:

Costs of feeding the dog a quality food ☐ Yes ☐ No

Costs of grooming ☐ Yes ☐ No

Costs of veterinary care ☐ Yes ☐ No

Costs of monthly flea/tick/heartworm/worming medications ☐ Yes ☐ No

If successfully matched with an Endex Service Dog, do you agree to keep the dog a healthy weight? ☐ Yes ☐ No

SECTION 7: REFERENCES & DOCUMENTS

Please provide two personal or professional references that we can contact:

Reference 1

Name: _____

Relationship: _____

Email: _____

Phone: _____

Reference 2

Name: _____

Relationship: _____

Email: _____

Phone: _____

I, _____, the applicant, agree to Endex Australia Limited, trading as Endex Service Dogs contacting my referees as listed in section 7 of this application form.

Print Name: _____

Signature: _____ Date: _____

SECTION 8: MEDICAL – TO BE COMPLETED BY YOUR HEALTHCARE PROFESSIONAL

This section must be completed by a registered General Practitioner or Specialist Medical Doctor.

Name of treating professional and profession: _____

Name of practice: _____

Address of practice: _____

Business phone: _____

Business email: _____

Name of patient (applicant): _____

How long have you been treating the applicant: _____

The Disability Discrimination Act 1992 (Cth) states disability, in relation to a person means:

1. Total or partial loss of the person's bodily or mental functions; or
2. Total or partial loss of a part of the body; or
3. The presence in the body of organisms causing disease or illness; or
4. The presence in the body of organisms capable of causing disease or illness; or
5. The malfunction, malformation or disfigurement of a part of the person's body; or
6. A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
7. A disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour.

This includes a disability that:

- Presently exists
- Previously existed but no longer exists
- May exist in the future (e.g., a genetic predisposition)
- Is imputed to a person

Does your patient/the applicant meet the definition of a disability as stated in the *Disability Discrimination Act 1992 (Cth)*? ☐ Yes ☐ No

What is the applicant's medical diagnosis, relevant to this application: _____

Your Signature: _____ Date: _____

PLACE PRACTICE STAMP ANYWHERE ON THIS PAGE

I, _____, the applicant, agree to Endex Australia Limited, trading as Endex Service Dogs contacting my medical treating professional via email, as listed in section 8 of this application form, to confirm the details in sections 8 to be true and correct.

Print Name: _____

Signature: _____

Date: _____

SECTION 9: ACKNOWLEDGEMENTS

- ☐ I understand Endex Service Dogs determines eligibility and suitability and that applying does NOT guarantee being matched with a dog.
- ☐ I understand my application may not progress to being matched with a dog, and that Endex Service Dogs may not disclose a reason.
- ☐ I understand that if an Endex Service Dog is matched with me, the dog remains Endex Australia Limited property for the first six months.
- ☐ I understand I must complete training prior to being matched with a dog as part of the assessment and placement process.
- ☐ I understand I must complete a Public Access Test annually with Endex Service Dogs for the working life of the dog. (To be carried out in your local area)
- ☐ I am committed to the dog's welfare and training.
- ☐ I understand a \$5,000 donation is required upon the dog being *matched* for me.
- ☐ I understand the donation is non-refundable.
- ☐ I understand and agree that if I cannot keep my Endex Service Dog, I will return the dog to Endex Service Dogs.

Print Name: _____

Signature: _____ Date: _____ / _____ / _____

I, _____, confirm the information provided in this application form to be true and correct.

Print Name: _____

Signature: _____

Date: _____

Email the completed application and any additional documents to: info@endexaustralia.org.au