



SYDNEY PET WHISPERER
ASSISTANCE DOG ACCREDITATION
AUSTRALIA +61 2 8317 3038

To practicing VET

SPW would like to thank you for your co-operation in SPW process of your client and their dog in undertaking a self-trained assistance dog accreditation program with us.

Under the Queensland Guide, Hearing, and Assistance dog ACT 2009 (hereafter) an assistance dog is required to undertake an annual VET health check ensuring the health of the dog when working in Australian public areas, this forms part of their annual Queensland Public Access Test requirements for the dog & their handler to gain access into Australian Public Areas.

It would be appreciated if could complete the form below and email to spw.dog@outlook.com

Client Details

Client name: _____
.....

Vet Details

Practicing Vet name: Dr _____

Business name: _____

Business address: _____

State or Territory: _____ Post code: _____

Contact number: _____

Email address: _____
.....

Practicing Vet Signature

Date: ____/____/20 ____

Assistance Dog Client Number _____

Dog Details

Name: _____

Sex: please circle one: Male Female

Australian regulations an assistance dog must be de-sexed.

De-sexed: please circle one: Yes No

Microchip No: _____

Breed: _____

Date of birth: _____/_____/20_____

About Dogs Health

Last vaccination date: _____/_____/20_____

Last Pyraquantel worming tablet date: _____/_____/20_____

Last SR12 Heart worming injection date: _____/_____/20_____

If not applicable see question below

Discuss with your client do they give their dog a monthly flea, tick & worming treatment tablet.

Please circle one: Yes No

Australian regulations an assistance dog requires a monthly tick, flea, & worming treatment

Please list any health condition that you feel would affect the dog completing assistance dog duties for the next 12-months:

Veterinarian Certification that the dog:

1. had required vaccinations and up to date
2. had required worming treatments and are up to date
3. my client states their dog receives required monthly tick, flea & worming treatment
4. I find no underlining health conditions that would affect the dog carrying out assistance dog duties for the next 12-months

Practicing Vet Signature

Date: _____/_____/20_____

Assistance Dog Client Number _____