



The Association of Australian Assistance Dogs North Queensland Inc.

Address: PO Box 2052 Mareeba, QUEENSLAND, 4880  
Phone: 07 40923344

Office Hours: Mon – Fri 9am – 12 noon & 3pm – 5pm

## ASSISTANCE DOG APPLICATION

### INITIAL ASSESSMENT

#### PERSONAL PROFILE

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Business \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Type of: \_\_\_\_\_

Major impairment/s: \_\_\_\_\_

\_\_\_\_\_

Number of years of disability: \_\_\_\_\_

Do you live in a House  Group housing  Apartment  Other? \_\_\_\_\_

**How do you think an Assistance Dog will benefit your life?** Please include details about how you see an assistance dog helping you, i.e. with what tasks or activities.

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Should this initial assessment meet all the necessary criteria, would you prefer

Part 2. of the Application Kit to be sent by?:  mail  E-mail

OFFICE USE ONLY Date received \_\_\_\_\_