



# ASSOCIATION OF AUSTRALIAN ASSISTANCE **DOGS** (NQ) INC.

## INITIAL ASSESSMENT

**PLEASE NOTE:** Asdogs NQ Inc. is only able to train dogs for people living within our Far North Queensland region. Return form to: [mail@asdogsnq.com.au](mailto:mail@asdogsnq.com.au)

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

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

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

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

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

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

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

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

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

Disabilities: \_\_\_\_\_

\_\_\_\_\_

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