



## PAWsome ASSISTANCE DOGS INC

### APPLICATION FORM 2

#### GUIDE TO MEDICAL VERIFICATION OF THE NEED FOR AN ASSISTANCE DOG

*Please provide this information to your referring Medical Professional*

Any Medical Professional may provide an Applicant with a Medical Verification letter. Basic, non-invasive information is required.

1. Please provide basic information to verify that –  
**“the Applicant has a disability that would benefit from the support of an Assistance Dog.”**
2. Please ensure the Referral contains the following information
  - Name and DOB of the Primary Handler.
  - If a Minor, their DOB.
  - Please state if the Primary Handler is able to provide care and control of the Assistance Dog on their own or will require an Alternate or Second Handler.
  - Name and DOB of Alternate/Second Handler/s approved to work with the Minor if applicable
  - Please provide verification of the basic purpose and support the Assistance Dog will provide e.g., Mobility, Emotional Support, Social Support, Tethering for protection of the individual.

*PAD does not require a detailed documentation of the Handler’s medical history. It is not PAD’s intention to invade anyone’s privacy.*

The contact details of the referring Medical Professional must be clearly provided in the referral.

The Medical Professional is welcome to contact the Administrator, for further clarification of the requirements. Details below

**Administrator Mb 0468614303**

**PROVIDE: -**

- A) A digital copy, by email, as soon as possible, to assist in the processing of the application. Em: [pawsomeassistancedogs@outlook.com](mailto:pawsomeassistancedogs@outlook.com)
- B) Post the original to The Administrator, PAD, PO Box 187, Coopers Plains, Q 4108