

Local Laws

Assistance Dog Registration Information

Under Victorian law, every dog and cat aged three months and older must be registered with the council it resides in. These registrations must be renewed by 10 April each year.

A Governor in Council Order, made under the *Domestic Animals Act 1994* (DA Act), is in place to enable assistance dogs to receive free council registration.

If you currently have an assistance dog (other than a guide dog) that has been trained to perform tasks or functions that assist to alleviate the effects of your disability, you may be eligible to receive free registration for your assistance dog.

To receive free registration for an assistance dog, the owner of the dog (or their carer/guardian) must demonstrate that they have a disability as defined under the Commonwealth *Disability Discrimination Act* 1992 and that the dog is trained to assist them in alleviating the effect(s) of that disability.

In addition to demonstrating the dog's function in alleviating the effects of a disability, an assistance dog must also:

- be desexed
- be microchipped
- be at least 12 months of age
- have completed obedience training provided by a dog trainer Note: The obedience training can either be completed separately, or as part of the training undertaken to perform tasks or functions that assist the person with a disability to alleviate the effects of their disability.
- not be a dangerous, menacing, or restricted breed dog.

For the purposes of the above requirements:

Dog trainer means a person who:

- a) provides training at a dog obedience training organisation approved under section 5B of the
- b) Act; or
- c) has a Certificate III in Dog Behaviour and Training or Certificate IV in Companion Animal Services.

Obedience training means a training program that assesses an assistance dog in the following:

- a) heeling or walking with a handler, without sniffing, marking or wandering;
- b) sociability with other dogs;
- c) responsiveness to a handler's commands, including staying on command (known as a stay test) and coming to a handler on command (known as a recall test);
- d) absence of aggression towards humans or other animals;
- e) absence of anxiety, stress, fear, or undue excitement when in public places; and
- f) standard of hygiene appropriate for a public place.

Note: Guide dogs are currently recognised under the DA Act. The recognition provides guide dogs and their handlers with certain public access rights, as well as an automatic exemption from paying council animal registration fees and from certain offences under the DA Act. As such, this assistance dog application is not required for guide dogs.



SECTION 1 - DETAILS OF DOG OWNER/HANDLER

Application for Assistance Dog Registration

Providing false information during this application is an offence under the *Domestic Animals Act* 1994 and carries a penalty of 5 penalty units.

In this section you will need to provide the details of the dog owner/handler.

Contacts Details	
Given Name/s	Title (Mr/Mrs/Ms)
Surname	
Date of Birth (DD/MM/YYY	
Address	
Contact Number	
Email Address	
Postal Address (if different from above)	

Where the owner/handler of the assistance dog is under the age of 18, the details of the parent or guardian will need to be provided below.

PARENT OR GUARDIAN DETAILS

Contacts Details	
Given Name/s	Title (Mr/Mrs/Ms)
Surname	
Postal Address (if different from above)	
Contact Number	
Relationship to Applicant	



SECTION 2 - DETAILS OF ASSISTANCE DOG

In this section you will need to provide the details of the dog and training it has received.

Details of Assistance D	Dog		
Dogs Name	Date of Birth		
Breed			
Colour	Sex	Male □ Fe	emale 🗆
Microchip Number			
		Yes	No
Is the dog a declared dangerous, menacing or restricted breed dog?			
Is the dog over 12 months of age?			
Is the dog desexed?			
Has the dog been trained to perform tasks or functions that assist a person with a disability to alleviate the effects of his or her disability?			
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Trainers Details Trainers Full Name Company Name Contact Number Email Address Qualifications Has the dog completed obe separately, or as part of, the functions that assist the pe		r disability.	



SECTION 3: DOG TRAINER DECLARATION

Date:

This section will need to be completed by the dog trainer upon successful completion of the obedience training I am an independent dog trainer that holds the relevant qualification I am a qualified dog obedience trainer from a dog obedience training organisation approved under the DA Act **Trainers Details** Trainers Full Name Company Name Contact Number **Email Address** ☐ Certificate III in Dog Behaviour and Training Qualifications ☐ Certificate IV in Companion Animal Services Dogs Name **Date Training Was** Successfully Completed I declare that the following is true and accurate: The handler keeps the dog under effective control at all times: and The dog is responsive to a handler's obedience commands; and • The dog walks to heel with a handler, without sniffing, marking or wandering; and The dog does not exhibit inappropriate aggressive behaviour e.g. growling, biting, raising hackles, showing teeth; and • The dog does not exhibit anxiety, stress, fear, or undue excitement when in public places; and The dog displays standards of hygiene appropriate for a public place: and I have read all the relevant information contained within this form, and verify that it is correct to the best of mv knowledge; and I am not the person (applicant) seeking zero-cost registration for my dog. (applicant's name) application for a registration lee

(name of dog) as an 'assistance dog' as defined under the I support exemption for Equal Opportunity Act 2010 and believe the dog is suitably trained and has appropriate behaviour for performing in the capacity of an 'assistance dog' in public places. Signature:



SECTION 4: HEALTH PROFESSIONAL DECLARATION

This section is to be completed by a health professional. I am currently practicing as a:

Practitioner Details	
Health Professionals Name	
Handlers Name	
Duration of Treatment	
I am currently practicing as a	a:
Psychologist / Psychiatrist	
Physiotherapist / Osteopath	
Specialist (specify)	
Other Allied Health processional (specify)	
alleviate the effects of t	nt has a disability and will require the services of an assistance dog to heir disability.
Date:	
AHPRA Registration Number: Professional Stamp (Must inclu	ude name and address)
*Insert professional stamp here	

Please note: Changes in this section can be made only by the health practitioner and accompanied by their signature (not initials) and professional stamp.



SECTION 5: ASSISTANCE DOG FREE REGISTRATION TERMS AND CONDITIONS

It is important that you understand the terms and conditions of the registration fee exemption for assistance dogs before you apply.

The Commonwealth *Disability Discrimination Act 1992* and Victoria's *Equal Opportunity Act 2010* protect people with disabilities from discrimination. This includes protection from discrimination because a person has an assistance dog. The registration fee exemption does not provide further protections or access rights for assistance dogs, it only entitles an assistance dog to a registration fee exemption with council.

To be eligible for the assistance dog registration fee exemption, it is a requirement that your dog is not:

- a declared dog (menacing or dangerous)
- a restricted breed dog
- younger than 12 months of age.

Your assistance dog must be both obedience trained and trained to alleviate the effects your disability. Obedience training must be provided by a dog trainer, where:

Dog trainer means a person who:

- a) provides training at a dog obedience training organisation approved under section 5B of the Act; or
- b) has a Certificate III in Dog Behaviour and Training or Certificate IV in Companion Animal Services.

Obedience training means a training program that assesses an assistance dog in the following:

- a) heeling or walking with a handler, without sniffing, marking or wandering;
- b) sociability with other dogs;
- c) responsiveness to a handler's commands, including staying on command (known as a stay test) and coming to a handler on command (known as a recall test);
- d) (absence of aggression towards humans or other animals;
- e) absence of anxiety, stress, fear, or undue excitement when in public places; and
- f) standard of hygiene appropriate for a public place.

If you, as the owner/handler of the assistance dog, are convicted of two or more offences under the DA Act with respect to the same assistance dog, the assistance dog is no longer eligible for the zero-registration fee and you will be required to pay the full registration fee.

It is understood that the applicant accepts the 'Assistance dog free registration terms and conditions' when submitting this application form.



SECTION 6: APPLICANT / GUARDIAN / AGENT STATEMENT

Personal Information Collection Statement:

The personal information on this form is required to include your dog on the register administered by Council under the Domestic Animals Act 1994. You are required to provide this information under Section 10 of the Act and failure to provide the information may result in a penalty. The information is used by Council in connection with the administration and enforcement of the Act, and may be disclosed to other Councils or persons. You may access this information by contacting the Council on 1300 666 535.

The applicant or the guardian/agent must sign the following.

By signing below, I verify the following:

- I certify that to the best of my knowledge the information in this application is correct
- I have a disability and I require the assistance of an assistance dog
- I accept that my medical practitioner and/or the trainer(s) of my assistance dog may be
- contacted to verify information provided in this application
- I understand and accept the terms and conditions set out in **Section 5** of this form.

Signature of applicant	or guardian (must be 18 year and over)
Signature	
Date (DD/MM/YYYY)	
	ears of age, or is unable to sign the application, the applicant's
uardian/agent needs to cor Guardian	mplete and sign the section below.
Guardian Full Name of	

Guardian	
Relationship to Applicant	
Phone Number	