



## APPLICATION KIT

FOR A

**DIABETIC ALERT ASSISTANCE DOG**

**Paws for Diabetics Inc.**

344 Eden Street,

Lavington

NSW 2641

Tel: (02) 6365 8546

Website: [www.pfd.org.au](http://www.pfd.org.au)

E-mail: [info@pfd.org.au](mailto:info@pfd.org.au)

**Please send completed applications to:**  
**The Secretary, PO Box 514, Kwinana WA 6966**  
**Thank you.**

## About Paws for Diabetics Inc.

Paws for Diabetics Inc. is a charitable non-profit organisation of dedicated volunteers, involved in the training and placement of diabetic alert assistance dogs.

These dogs are the latest tool in diabetes management, giving their owners advanced warning of an impending hypoglycaemic episode and allowing for prompt treatment to avert the episode from happening. When left untreated, a hypoglycaemic attack can lead to coma and even death, so these dogs are real life-savers.

Diabetic alert assistance dogs are placed for a small administration fee to those who meet the application criteria. Recipients are given extensive training in handling and caring for an assistance dog. Training assistance dogs is an expensive exercise; we rely on donations to fund this training.

We specialise in:

- training and certifying dogs for hypoglycaemic (low blood sugar) alert,
- studying and developing formal training protocols to be implemented in the Paws for Diabetics Inc. program,
- training recipients in the proper care and use of Paws for Diabetics Inc. assistance dogs,
- providing post placement follow-up services to assist with continued training and evaluation of Paws for Diabetic Inc. assistance dogs, and
- educating organisations, businesses and the general public about the rights of certified assistance dogs and their handlers.

There are three programs available to get a diabetic alert assistance dog:

- *Centre assisted program A:* This program provides the diabetic person with an assistance puppy. Full training support is provided by PFD during this process and accreditation by PFD in due course. (Average Cost \$1000.00 + Transport and Handling)
- *Centre assisted program B:* This program provides the diabetic person with an assistance puppy 6 months of age and trained in basic obedience. Full training support is provided by PFD during this process and accreditation by PFD in due course. (Average Cost \$1500.00 + Transport and Handling)
- *Owner trained program:* This program is designed for owners who wish to train their own diabetic alert assistance dog. This program is very demanding and requires serious commitment. (Average Cost \$500.00)

\*\* Please note that while our organisation will work with you closely to maximise your chances of success, many dogs do not have the temperament required to complete both the public access test and our high standards of training. An owner may have to train several dogs before finding the right dog for the work that is required.

We believe that having a diabetic alert assistance dog may increase the independence, safety and mobility of the diabetic person, providing them with a higher confidence to go out in the general public on their own without the need to rely on family or friends to accompany them. This will put an end to the isolation that is often faced when one is afraid to go out for fear of having a hypoglycaemic episode.

## Application Criteria

The following criteria must be met to apply for a diabetic alert assistance dog.

1. Applicants must be at least 12 years of age. If an applicant is below the age of 18 they must have adequate support from their parents. Younger applicants may apply and will be considered on a case by case basis.
2. The applicant must have had enough time to come to terms with their diabetes.
3. The applicant must be able to meet the emotional, physical and financial needs of the assistance dog and provide a stable home environment.
4. The applicant must be mature enough to actively participate in the learning process and continued training of the assistance dog, and be capable of managing the dog correctly.
5. The applicant must be active enough to utilise a dog, have adequate verbal communication to command a dog and be physically able to control a dog.
6. The applicant must be actively pursuing the goal of independent living and seek to improve the quality of their life through the aid of an assistance dog.
7. The applicant must not have an allergy that would affect working with a dog.

**Please note: a diabetic alert assistance dog will generally not be placed in a household where there is another dog of less than 5 years of age, although applications will be evaluated on a case-by-case basis.**

## The Application Process

If you are interested in applying for a diabetic alert assistance dog from Paws for Diabetics Inc, the process is as follows:

### 1. Send in an application kit

An application kit can be downloaded from the Paws for Diabetics Inc. website ([www.pfd.org.au](http://www.pfd.org.au)) or requested via telephone from the secretary. Return the completed application and medical history forms with a non-refundable application fee of \$35 to Paws for Diabetics Inc. Once the application is received, a selection committee will review the information provided and notify the applicant of the results. This usually occurs within 28 days of receiving a completed application kit.

### 2. Attend an interview

An interview will be scheduled to help the applicant and Paws for Diabetics Inc. decide if receiving an assistance dog would be both beneficial and appropriate. Following the interview, Paws for Diabetics Inc. will determine whether the applicant meets all the criteria required and would benefit from an assistance dog. The applicant will be contacted with a decision as soon as possible after the interview.

### 3. Complete a home visit

If the interview is successful, a home visit will be carried out by a Paws for Diabetics Inc. staff member. After the home visit, Paws for Diabetics Inc. will notify the applicant as to whether they have been accepted into the program.

Once the applicant has been notified of acceptance into the program, they will be placed on a waiting list. Paws for Diabetics Inc. requires payment of an administration fee (presently \$1000), which needs to be paid before a puppy can be placed. These dogs will remain the property of Paws for Diabetics Inc.

**Please note: It is required that all dog owners/recipients remain a financial member of the association for the life of their dog.**

# Application for a diabetic alert assistance dog

## 1. PERSONAL INFORMATION

|  |                      |                               |              |
|--|----------------------|-------------------------------|--------------|
| Name   |                      | Date of Birth                 |              |
| Address  |                      | Suburb                        | State        |
|  |                      |                               | Postcode     |
| Day Phone<br>( )   | Evening Phone<br>( ) |                               | Mobile Phone |
| Email Address  |                      |                               |              |
| Type of Diabetes   |                      | Number of Years with Diabetes |              |
| Do you have any additional health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                               |              |
| If yes, please list  |                      |                               |              |
| _____  |                      |                               |              |
| _____  |                      |                               |              |

## 2. SCHOOL / EMPLOYMENT INFORMATION

|   |          |
|---|----------|
| Are you presently <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other |          |
| _____   |          |
| If a student, are you <input type="checkbox"/> Full time or <input type="checkbox"/> Part time<br>Grade/year  | School   |
| _____   |          |
| Address of school   | Phone    |
| _____   |          |
| If employed, are you <input type="checkbox"/> Full time or <input type="checkbox"/> Part time<br>Occupation   | Employer |
| _____   |          |
| Address of place of employment  | Phone    |
| _____   |          |

## 3. LIVING SITUATION

Do you live in a  House or  Flat/Unit? Do you  Own  Rent or  Live with family/friends?

How long have you lived there?

If you rent, have you discussed this application with your landlord?  Yes  No

Do you have a fenced yard?  Yes, fully fenced  No  No yard

You also live with:

|                                     |                 |             |
|-------------------------------------|-----------------|-------------|
| <input type="checkbox"/> Adults     | How many? _____ | Ages: _____ |
| <input type="checkbox"/> Children   | How many? _____ | Ages _____  |
| <input type="checkbox"/> Dogs       | How many? _____ | Ages _____  |
| <input type="checkbox"/> Other Pets | How many? _____ | Types _____ |

Are you or anyone living with you allergic to dogs?  Yes  No

**4. LIVING WITH A DIABETIC ALERT DOG**

Living with a diabetic alert assistance dog brings with it a lot of responsibility, including routine veterinary care, vaccinations and possible emergency care. Are you aware of, and prepared to assume, the financial responsibilities for the assistance dog?

|                                      |  |                         |  |
|--------------------------------------|--|-------------------------|--|
| Veterinary care / yearly vaccination | <input type="checkbox"/> Yes <input type="checkbox"/> No | Daily exercise and play | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heartworm, flea and tick control     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Weekly grooming         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recommended dog food                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emergency care          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Record Keeping                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |

Please answer the following statements and questions:

1. I will follow the trainer's instructions on feeding and training.  Yes  No
2. I will participate in a 1-2 hour training session in my home or elsewhere with the trainer, wherever feasible.  Yes  No
3. I will practice training with the dog (homework) 15 minutes each day.  Yes  No
4. I will treat the dog as a working dog, not just a pet (this also means ensuring that the dog is well behaved in public)  Yes  No
5. I will tell the trainer if I experience problems in training, obedience or any other related matters.  Yes  No
6. I commit to exercise and play with my dog daily.  Yes  No
7. I consider myself knowledgeable about dogs  Yes  No
8. I have experience workings with dogs.  Yes  No If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_
9. I have strong preconceptions about what traits I like and dislike in dogs.  Yes  No If yes, what are they?  
\_\_\_\_\_  
\_\_\_\_\_
10. I am willing to modify my lifestyle and/or attitudes to meet the dog's ongoing physical and psychological needs (e.g.: an assistance dog lives indoors).  Yes  No
11. The individuals with whom I live will be able to limit their interaction with the assistance dog.  Yes  No
12. How much do you expect the dog to travel with you?  
\_\_\_\_\_
13. Would you take the dog to work, school or social events?  Yes  No  
If no, where would the dog be while you are away?  
\_\_\_\_\_
14. How many hours per day would the dog be alone?  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical history form

Please release the requested medical information regarding my condition to Paws for Diabetics Inc. The information will not be used for any purpose other than to evaluate my application for a diabetic alert assistance dog. Thank you.

Applicant's signature: \_\_\_\_\_

To the Doctor completing this report:

Paws for Diabetics Inc. greatly appreciates your time and attention in completing this form. Diabetic alert assistance dogs are the latest tool in diabetes management, giving their owners advanced warning of an impending hypoglycaemic episode and allowing for prompt treatment to avert the episode from happening. Assistance dogs are placed for a small fee with those who meet the required criteria. Recipients are given extensive training in handling and caring for an assistance dog. Your information is essential for an accurate evaluation of the applicant.

### PLEASE PRINT

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM IS BEING COMPLETED BY:

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Length of association with the applicant: \_\_\_\_\_

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

Other known medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Owner / Handler agreement

*This agreement is something we would rather not have but with litigation becoming an increasing problem in our society, unfortunately we are forced to use this agreement as part of our program. Please read it carefully before signing and if there is anything you do not understand we are more than happy to explain it. We also recommend that before signing, you seek independent advice. **Do not feel pressured to sign this agreement due to your need of a dog**, your legal advisor will help you in this regard. A Justice of the Peace **must** witness you signing this agreement or your application will not be accepted. Thank you.*

1. You agree that the handling of any dog is potentially hazardous and that even with all duty of care and high standards of training, these factors still do not give absolute assurances of total safety for you or the public at large. Accordingly, you accept any hazard with the dog and absolutely absolve Paws for Diabetics Inc. of any blame or responsibility from any incident that may arise from any activity and or use of the dog.
  - a) This sub clause on (1) is especially binding on those who legally own the dog, or any dog which was your legal property before Paws for Diabetics Inc. became involved with you and the dog, regardless of its application as a diabetic alert assistant dog, but is also very binding on any Paws for Diabetics Inc. dog in active and accredited service. If the dog is taken from active service, or its accreditation cancelled for any reason, Paws for Diabetics Inc. will have no further association with the dog unless otherwise negotiated with the executive, nor can Paws for Diabetics Inc. be seen as being in any way whatsoever connected with the dog's handler or with any activities that are undertaken by the non-recognised team once accreditation has ceased.
2. You agree to have the dog's health checked by a licensed veterinarian every calendar year after acceptance into the Paws for Diabetics Inc. program, and also agree to abide STRICTLY to conditions of use applied to the dog under such accreditation. You agree to keep all vaccinations current, plus heartworm preventative as required. The health vaccination, heartworm and worming documents must be sent to the secretary at the current address of the association on an annual basis with your membership renewal. Copies of these documents are accepted as long as they clearly show the veterinarians name, address, and contact details.
3. A diabetic alert assistance dog has the same rights of access as a guide dog. You agree to get a copy of these regulations if you are not familiar with them and or your rights in this regard. You accept this and so enter into this agreement and its full conditions with the full knowledge that it is illegal for you to not observe these laws, and fully accept any lawful penalty thereto attached. You hold Paws for Diabetics Inc. as absolutely blameless in the event that you either unknowingly or knowingly break any laws with the dog. You also accept that it is, in some areas in Australia, a criminal offence, punishable by heavy fines and or imprisonment, to access some areas with a dog that are not exempted as per above.
4. You agree to micro chip the dog for easy identification.
5. During the dog's total working/accreditation life, you agree to always conduct yourself with the dog in a way that does not degrade nor bring Paws for Diabetics Inc. into disrepute. Paws for Diabetics Inc. retains the right at all times to revoke the rights and privileges of accreditation if at any time it is seen or felt that the actions of the handler or the dog are not in the best interest of Paws for Diabetics Inc. Any serious breaches of the code of conduct, by either the owner/handler or the dog will result in immediate removal of membership and accreditation of the dog. If accreditation is revoked at any time, you will be informed in writing and must return the dog's coat and all identification, both yours and the dog's, immediately.
6. You must always remain a fully paid member of Paws for Diabetics Inc. whilst you have an accredited diabetic alert assistance dog in active service with you.

7. The dog must only ever work with the handler with whom it is accredited. If under emergency conditions you cannot have the dog with you, your carer or another person whom you nominate (and is authorised to handle the dog by Paws for Diabetics Inc.) can legally take charge of the dog. This also includes any authorised law enforcement officer, health care official or ambulance personnel, until a Paws for Diabetics Inc. representative can take charge of the dog.
  
8. The dog must be in a clean condition and attached to a lead at ALL TIMES whilst out of your yard or home. "Off lead" areas in parks and ovals etc. are not recommended for any accredited dogs, as the valuable trained dog could be seriously injured if attacked by other dogs.
  
9. You accept that it is your responsibility to keep the dog in good health and good condition, under both federal and state laws in addition to local authority health regulations. If you breach any laws in this regard, it is your legal responsibility to see your vet urgently and not take the dog into the public arena until pronounced fit by the veterinarian.
  
10. You accept that it is your responsibility under law to take full care of the dog's actions—you are responsible for the dog at all times and therefore you must ensure that the dog adheres to the public access code of conduct at all times. Any breaches of this are your responsibility and not the responsibility of Paws for Diabetics Inc.
  
11. You understand fully that the handling of any dog is potentially hazardous and that even all duty of care taken and high standards of training do not give absolute assurances of total safety for you or the public at large. With this information you fully understand and accept that while out in public YOU are responsible for your and the dog's actions at all times. Any incidents which do not comply with the rules and regulations of Paws for Diabetics Inc., are your responsibility and not the responsibility of Paws for Diabetics Inc.. Any insurance requirements that you feel you may need or require are your responsibility and the not the responsibility of Paws for Diabetics Inc.. Paws for Diabetics Inc. retains the right at all times to affect immediate revocation of accreditation and membership rights for any breach of conduct or conditions of handling or breach of dog behaviour.
  
12. You agree to be fully bound by this Owner/Handler agreement by your signature hereunder and fully agree that you have given adequate time to read the document and have sought independent legal advice if so needed before signing.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(PLEASE PRINT)

Witness's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(PLEASE PRINT)

## Application checklist

*Before posting your application, please ensure that you have included the following:*

- completed and signed two-page application form,
- completed and signed medical history form,
- signed and witnessed owner/handler agreement,
- cheque or money order of \$60 made out to “Paws for Diabetics Inc.”  
(please note that this application fee is non-refundable and also covers your first years membership fee – please do not send cash).

***Please send completed applications to:  
The Secretary,  
Paws for Diabetics Inc.,  
PO Box 514,  
Kwinana,  
WA 6966.***

*Good luck with your application.  
You will be contacted as soon as possible.*

Full Membership Renewal/Joining 2010-2011

I/We....., of  
(address).....(post code).....(state).....  
(phone).....(mobile).....(email).....

wish to renew/join as (a) full member(s) of Paws for Diabetics Inc for 2010/2010. I/We agree to the terms and conditions involved with full membership and vow to conduct myself/ourselves in an appropriate manner as a representative of the organisation and endeavour to educate and publicise the role of medical assistance service dogs in Australia.

Fees for 2010/2011.

|                                 |                                |
|---------------------------------|--------------------------------|
| Single Adult membership         | \$20.00, one vote              |
| Duel/Family membership          | \$25.00, two adult votes       |
| Application fee for new members | \$35.00, if applying for a dog |

Name: .....  
Signature: ..... Date: .....  
Name: .....  
Signature: ..... Date.....

Do you require a new coat for your dog this year? Y/N  
Do you require a spare coat for your dog? Y/N  
(a \$20.00 hire fee is require for all coats)

Winter Coats are available for purchase on request for sizing and prices please contact Sharon on (02) 6365 8546.

Renewals are due by 30<sup>th</sup> June 2010.

Please provide a recent photo for your identification card for yourself and your dog. This can be a printed photo or you can email a jpg file to [secretary@pfd.org.au](mailto:secretary@pfd.org.au).

Return this form and the relevant fees to -  
Paws for Diabetics Inc  
The Secretary  
PO Box 514,  
Kwinana,  
WA, 6966

Cheques/money orders are to be addressed to Paws for Diabetics Inc. Do not post money. Please include a stamped self-addressed envelope to return your new id card.