



**APPLICATION KIT**

**FOR A**

**DIABETIC ALERT ASSISTANCE DOG**

**Paws for Diabetics Inc.**

344 Eden St,  
Lavington  
NSW 2641

Tel: Director of Training (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 programmes available to get a diabetic alert assistance dog:

- *Fully Accredited Assistance Dog Programme:* This programme provides the client with an appropriate pup which will be trained and accredited through PFD from placement time to maturity. Full training support is provided by PFD during this process.
- *Owner Training Programme:* This programme is designed for owners who wish to train their own dog\*\* to be an alert assistance dog. This program is suited to pets who show interest in their owner's health and pass a temperament, health and training assessment.
- *Therapy Dog Programme:* This programme is designed to assist clients to have a dog at home to help by alerting, but do not require Public Access. This programme is suitable for both PFD provided pups and owner's pets\*\*, subject to temperament, health and training assessment.

\*\* Please note that while our organisation will work with you closely to maximise your chances of success, many dogs do not have the temperament or life experience 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. All under 18 year old 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. A period exceeding 12 months from diagnosis is deemed appropriate.
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 or mentally capable 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 or assistance training yours 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 email or telephone from the secretary. Return the completed application and medical history forms with a non-refundable application fee of \$60 to Paws for Diabetics Inc. Once the application is received, the Director of Training will review the information provided and notify the applicant of receipt. 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. Family, work, social and personal considerations will be discussed, as well as living arrangements, accommodation etc. This interview can be conducted over the telephone, skype or in person, depending on the location of the applicant to the PFD committee member conducting said interview.

### 3. Conduct a home visit

If the interview is successful, a home visit will be carried out by a Paws for Diabetics Inc. committee member. The purpose of the home visit is to meet face to face, discuss the issues involved with taking a dog out in public and if possible, demonstrate dog handling through a visit to the supermarket. It is an opportunity to meet the other members of the household and get to know you a little better. If you live more than 250km away from the interviewer, a donation towards travelling costs would be most appreciated and tax deductible. Owners dogs will be subject to temperament, health and suitability tests.

After the home visit, Paws for Diabetics Inc. Selection Committee will meet to consider the application and results from the interview and home visit and will notify the applicant if they have been accepted into the programme.

Once the applicant has been notified of acceptance into the programme, they will be placed on a waiting list if requesting a pup from PFD. Waiting time depends on puppy availability. Owners proceed with the programme immediately.

Paws for Diabetics Inc. requires payment of an administration fee, presently \$1000 for a PFD provided puppy, which needs to be paid before a puppy can be placed, or \$500 for an owner. Owner Training Programme is broken into 2 separate payments of \$250, the first being paid on acceptance to the programme, the second on completion of programme and prior to Public Access Accreditation. Programme prices are subject to change at the discretion of the Management Committee.

PFD provided dogs will remain the property of Paws for Diabetics Inc until the dog's second Public Access Accreditation test, at which time they are legally given over to the client.

**Please note: It is a legal requirement that all dog owners/recipients remain a financial member of the organisation for the working life of their dog.**

# Application for a diabetic alert assistance dog

## 1. PERSONAL INFORMATION

Name		Date of Birth	
Address		Suburb	State
			Postcode
Day Phone ( )	Evening Phone ( )		Mobile Phone
Email Address			
Type of Diabetes		Number of Years with Diabetes	
If under 18 years old, provide parent's/guardian's name _____			
Signature _____			

## 2. SCHOOL / EMPLOYMENT INFORMATION

Are you presently <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other State _____	
If a student, are you <input type="checkbox"/> Full time or <input type="checkbox"/> Part time Grade/year	School
Address of school	Phone
If employed, are you <input type="checkbox"/> Full time or <input type="checkbox"/> Part time 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, not secure  No yard  Small courtyard only

You also live with:

<input type="checkbox"/> Adults	Name _____	Age _____	Relationship _____
	Name _____	Age _____	Relationship _____
<input type="checkbox"/> Children	Name _____	Age _____	Relationship _____
	Name _____	Age _____	Relationship _____
	Name _____	Age _____	Relationship _____
<input type="checkbox"/> Dogs	How many? _____	Ages /Breeds _____	
<input type="checkbox"/> Other Pets	How many? _____	Types _____	

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

How busy is your household?  Very Busy  Busy  Moderate  Quiet  Very Quiet

Transport requirements. Do you use-  Car as Driver  Car as Passenger  Bus  Train  Taxi  Other, please state \_\_\_\_\_

**4. GENERAL HEALTH**

Have any of your household members suffered from any of the following?  Fits or Seizures  High Blood Pressure  
 Cancer  Diabetes  Heart Problems  Autism/Depression/Anxiety

Mobility. Do you use-  Wheelchair or Motor Scooter  Cane or Crutches  Prosthetic limb(s)  
 Do you  Have problems climbing stairs  Have trouble bending down  Have problems lifting weight above 15kgs  
 Have trouble walking distances  Have trouble with balance

Physical strength. How do you rate the following. (1 being no use, 10 being full use)

	Left	Right
Hands	_____	_____
Arm Strength	_____	_____
Dexterity	_____	_____
Upper body	_____	_____
Leg Strength	_____	_____

Vision – Do you currently wear  glasses  contact lenses  reading glasses only  
 Are you vision impaired? Please explain extent \_\_\_\_\_

Hearing – Do you wear hearing aids or have hearing loss? Yes/No  
 If yes, please state \_\_\_\_\_

Do you have any other health issues? Yes/No If yes, please state \_\_\_\_\_

I certify that I have reviewed the information supplied by me and that it is true and complete to the best of my knowledge. I understand that answering health questions is optional and a matter of privacy, however I appreciate that Paws for Diabetics Inc need as much relevant information as possible to assist with and to help understand any other issues I may have that would affect the formulation and outcome of my programme.

I hereby authorize Paws for Diabetics Inc to hold my medical records for use of the application process and for keeping as records if I am accepted as a successful application. Once approved as a client, I authorize Paws for Diabetics Inc to maintain and periodically update this information to help the organisation support me as a client. I will notify Paws for Diabetics Inc if any of these details provided change.

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

**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

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 sessions per week 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 yourself 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 If No, what issues do you perceive as problems? \_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_

## Information of Owner's dog

Please provide PFD with the following information regarding your dog which you are applying to train.

Dog's name \_\_\_\_\_

Dog's date of birth (if known) or age \_\_\_\_\_

Dog's gender – Entire Male – Entire Female – Desexed Male – Desexed Female  
(Circle appropriate answer)

Please note that a Medical Assistance Dog must be desexed and a Veterinary Certificate or Statement must be provided prior to approval)

Dog's breed or appearance \_\_\_\_\_

Dog's colour and description \_\_\_\_\_

Dog's previous reactions – please describe any behavioural changes your dog may exhibit during a hypoglycaemic episode. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dog's current level of training – please describe your dog's training experience (ie: puppy preschool, obedience classes, home schooling) Give an approximate number of hours of formal training time. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often would have taken your dog to public areas such as dog friendly parks, outdoor cafes, walking down a busy street, etc: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who in the family is your dog most attached to? \_\_\_\_\_

Does your dog live inside or outside? \_\_\_\_\_

How sociable or friendly is your dog when it meets strange dogs? \_\_\_\_\_

\_\_\_\_\_

How does your dog greet visitors and strangers to your home? Is it friendly, does it bark, is it frightened, does it growl? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you prepared to have a Veterinary Health check done on your dog every year to maintain its status with Paws for Diabetics Inc.? Yes/ No

(Note: it is a requirement that all owners dogs be vet checked every 12 months to ensure fitness and suitability for their working life)

Does your dog have all its vaccinations up to date? Yes/ No

## 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 clients advanced warning of an impending hypoglycaemic episode and allowing for prompt treatment to avert the episode from happening. Assistance dogs are placed 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 note that listing other medical conditions is by personal option of the applicant. All medical information is held in the strictest of confidence and shared only with the members of the PFD Management Committee as appropriate to the support and programme requirements of the client. Every care is taken to tailor the programme to allow for any other health issues which may impact on the success or difficulty of the training process. Current medications are not required to be listed. Please consult with the applicant as to what information they wish included. Knowledge of prior surgeries affecting mobility would be appropriate.

### 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: \_\_\_\_\_

## Application 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 programme. 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 microchip the dog for easy identification and provide PFD with the relevant details.
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 work with the handler, or their attendant carer, 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. PFD placed pups will be removed from your possession in reported cases of neglect or cruel treatment and you will be reported to the RSPCA or local authority, under the Prevention of Cruelty to Animals Act.
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., or their insurer, are your responsibility and not the responsibility of Paws for Diabetics Inc. or their insurer. Any further insurance requirements that you feel you may need or require are your responsibility and 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 Application 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.
13. You agree that there is no guarantee of the success of the training programme as provided by PFD or the ongoing success following accreditation. Paws for Diabetics Inc. will not be held responsible for the outcome of your dog's training or the consequences of your ability to follow the programme.
14. You agree that as a requirement of the programme, you have internet access and an email address which can be used to contact you at appropriate times. This must be implemented prior to your acceptance to the programme.

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

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

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

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

JP Registration Number: \_\_\_\_\_

## Application checklist

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

- completed and signed four page application form,
- completed and signed medical history form,
- signed and witnessed application 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 if accepted – please do not send cash).  
OR  
direct deposit into PFD account – contact [treasurer@pfd.org.au](mailto:treasurer@pfd.org.au) for banking details

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

*Thank you for your interest in the Paws for Diabetics Inc.  
Training Programmes.  
Good luck with your application.*

*You will be contacted as soon as possible.*

**Full Membership Joining Form 2012-2013**

I/We.....,(on behalf of the minor child.....)  
of (address).....(post code).....(state).....  
(phone).....(mobile).....(email).....

wish to join as (a) full member(s) of Paws for Diabetics Inc for 2012. 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 2012.

Application fee                      \$60 (one off fee)

Fee includes 1<sup>st</sup> year/ part year membership with PFD to successful applicants.

Signed .....Date.....  
(Both adults for dual/family membership if appropriate)

Endorsement by Management Committee member/ Area Co-ordinator for new applicants,

Name.....

Signature .....

Renewals are due by June each year, membership applications approved after March each year will carry over into the following year. You will receive a renewal notice in May each year.

Please provide a recent passport style photo for your identification cards. Owners, please provide a side view photo of your dog's head for its' identification cards. These can be printed photos or you can email jpg files 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 cards.