

PRESCRIBING AN ASSISTANCE/IN-HOME SUPPORT DOG

PRACTITIONER DETAILS

Name:

Clinic:

Role:

PATIENT DETAILS

Name:

Date of Birth:

When recommending or prescribing an assistance or in-home support dog to assist a client, several considerations need to be taken into account. Utilising the attached supporting information form, please address the following questions.

Why does the client feel like this is the right path for them?

Why have you, as a health care provider, recommended this route?

What role do you see the dog playing, are there any specific support tasks you have in mind?

Do you have any concerns or special considerations?

Could you confidently say this client has the ability to manage the following:

- Are they prepared to meet the mental, physical, and time commitments associated with owning and raising an assistance or in-home support dog? **Yes** ☐ **No** ☐
- Do they have the resources, both in terms of time and finances, to cover the training, care, follow-up sessions, equipment, and testing expenses related to owning and training an assistance or in-home support dog? **Yes** ☐ **No** ☐
- Can they consistently adhere to a comprehensive training regimen and care plan throughout the dog's life, with guidance from a professional trainer? **Yes** ☐ **No** ☐
- Are they equipped to responsibly re-home, retire, or reassign the dog if it is unable to fulfil its intended role (if necessary)? **Yes** ☐ **No** ☐
- Do they have a dependable support system in place to fill in for the dog's duties in case of early retirement, passing, or a decline in performance? **Yes** ☐ **No** ☐
- Do they have a trustworthy individual or team available to care for the dog in the event that they are unable to do so, whether temporarily or long-term? **Yes** ☐ **No** ☐
- (Full assistance only) Can they manage the potential increased public attention, handle interactions with strangers, and advocate for themselves in scenarios where access to public spaces with the dog may be challenged? **Yes** ☐ **No** ☐

Signature:

Date:

Trainer Organisation Considerations

(Assistive K9s use only)

Possible positive outcomes

Possible negative outcomes

Overall recommendation

Public Access Assistance Dog

☐

Animal Assisted Support Work

☐

In-home Support Dog

☐

None of the above

☐**Signature:****Date:****Print name:**