Declaration of Disability and Reliance on an Assistance Animal Form

Owner declaration

* I have a disability.
* I require and rely on this animal to function and cannot be separated from it.
* I am responsible for this animal, I will control it, and will remain responsible for it at all times in this public place and during the use of this facility.
* If my animal, in the opinion of the supervisor, puts at risk the health or safety of other occupants of this public place/facility, I will comply with a request from that supervisor to remove my animal from this public place/facility.
* I understand that if other occupants of this public place, or people who use this facility, have **a fear of or allergy to my animal, then my animal and I may need to be separated from those** people.
* I understand the content of this form/have had it explained to me.

|  |  |
| --- | --- |
| Signed |  |
| Name |  |
| Date |  |
| On behalf of (name) |  |
| As | Parent / Guardian/ Caregiver (delete as appropriate) |

Details of assistance animal

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of animal |  | Species |  | Breed |  |
| Age |  | Sex |  | Neutered | Yes  | No |
| Colour |  | Council registration tag number (if applicable) |  |
| Distinctive markings |  |
| Microchip | Yes | No | Microchip number |  |

STAFF USE ONLY

|  |
| --- |
| Copy this form: one copy to owner, retain one copy. |
| Ensure an *Animal Registration* and *Agreement Form*, is also completed and attach this form to it. |