

Program Application Form

Start Your Journey - We'll Support Every Step



Welcome

To Wild Wagners Assistance Dog Program

At Wild Wagners, we provide a flexible, handler-focused training programme designed to support individuals and their dogs in becoming successful assistance teams. Our approach allows for personalised training methods and custom gear, while ensuring all dogs meet public access and welfare standards.

PROGRAM OVERVIEW & ELIGIBILITY

- Submission of this application does not guarantee acceptance
 - All applicants are assessed based on:
 - Handler needs
 - Canine suitability
 - Program availability
 - This program requires ongoing commitment (time, effort, and financial)
- I am located in Southeast Queensland (or willing to travel)
- I understand this is an ongoing training programme
- I am financially prepared for ongoing training costs
- I am committed to consistent training outside of sessions
- 👉 If "No" to any – application may not proceed

PROGRAM STRUCTURE & FEES

All applicants will complete an Initial Consultation, where you and your dog will be assessed and placed into the most appropriate programme level. Each level has a one-time Programme Fee, which includes entry into that stage and three (3) private 1:1 training sessions. As you progress, advancement to each new level requires an additional Programme Fee, also including three (3) sessions. Progression is based on trainer assessment to ensure each team is fully prepared before moving forward.

PROGRAM FEES & COMMITMENT

The Wild Wagners programme includes:

- Initial 3 training sessions (included in intake phase)
 - Ongoing sessions required for progression
- I understand additional training sessions are required
- I understand costs vary depending on training needs
- I understand there is no guaranteed timeline for completion

TERMS & CONDITIONS

- I understand acceptance into the programme is not guaranteed
- I understand my dog may be removed if unsuitable
- I am responsible for my dog's behaviour in public
- I agree to maintain my dog's health and welfare

Client Signature

Name: _____

Signature: _____

Date: _____



Next Steps

Once submitted, your application will be reviewed and you will be contacted regarding the outcome and next steps.

*we look forward to learning more about
you and supporting your journey
toward an assistance dog partnership.*





Completing the Application

The following sections are designed to help us gain a clear understanding of your lifestyle, environment, and the type of support you are seeking from an assistance dog. Please take your time to answer each question honestly and in as much detail as possible, as this information plays an important role in determining how Wild Wagners may help you and if we are the right program for you.

If a question does not apply to your situation, you may leave it blank or indicate "N/A." Some sections, such as filling in for a minor applicants details, are only required if relevant to your application. Providing clear and accurate information will assist us in processing your application efficiently.

Applicant Details:*

Please select the option that best applies to this application:

- I am applying for myself (18+ applicant)
- I am applying on behalf of a minor (under 18 years)

Primary Applicant Details

(Person completing this form)

Full Name:

Date of Birth:

Phone Number:

Email Address:

Residential Address:

Emergency Contact (18+ Applicants Only)

Emergency Contact Full Name:

Relationship to You:

Phone Number:

Minor Details (If Applicable)

Full Name (Minor):

Date of Birth:

Age:

Parent / Guardian Details (If Applicable)

Full Name:

Relationship to Minor:

Phone Number:

Email Address:

Do you have a formal diagnosis?

- Yes No

What type of disability will you need your canine to mitigate as an Assistance Dog.

Select multiple if needed

- Psychological Disability
- Mental Disability
- Intellectual Disability

In what ways will you expect your canine to help you with your every-day life?

Goals and Expectations:*

What are your top 3 goals for your assistance dog?

What environments do you need support in?

Select multiple if needed

- Home
- Public spaces
- Work/school
- Travel



Canine Details:*

Canines Name:
Canines D.O.B:
Canines Breed:
Canines Sex:
Desexed:
Microchip No:

Do you consent to a pre application evaluation for your canine; This evaluation will let us and you know if your canine is suited to follow through with Assistance Dog training?

- YES
- NO

Canine Behaviour & Temperment (very important)

Has your canine shown any of the following:

Reactivity:

- Dogs
- People
- Loud environments

Behaviour:

- Barking/excitability
- Anxiety
- Separation distress
- Aggression
- None

History:

- Has bitten or attempted to bite
- No bite history

Energy Level:

- Low Moderate High

Wild Wagners training program upfront fees include three initial training sessions with a qualified trainer. After those first three sessions you are required to pay additional fees for every sessions after that with Wild Wagners qualified trainer. This is so we can record progress of your canine.

- YES, I Agree
- NO, I Don't Agree

Medical Approval: *

This form can only be completed by your medical Practitioner, Psychiatrist or Psychologist.

Title:
First Name:
Last Name:

Business Number:
Email:

Address:
Street:

City:
State:
Post Code:

What is your profession:

- Medical Practitioner
- Psychiatrist
- Psychologist

Is your patient diagnosed with an Intellectual, Mental or Physical disability?

- YES
- NO

How does your patients disability effect their every-day life?

Does your patient rely on any mobility aids?



Does your patient meet the definition of a person with a disability as stated in the Disability Discrimination Act 1992?

- YES
- NO

Your signature:

Date:

This section can be filled out from your medical advisors choice of form

◆◆◆

Veterinary Approval:

This form can only be completed by your canines veterinarian.

Clients Details:

Title:

First Name:

Last Name:

Canines Details:

Canines Name:

Canines D.O.B:

Microchip:

Canines Breed:

Canines Sex:

Desexed:

Vaccination Details? (Tick and Fill applicable):*

- C5 Vaccination/Expires-
- C3 Vaccination/Expires-
- Bordetella/kennel cough/Expires-

Is the canine on effective program for the control of following?*

- Heartworm
- Intestinal Parasites
- External Parasite/Flea/Tick

Overall Health Score:

Is this canine in an acceptable healthy condition to perform training tasks required for an assistance dog?

Your signature:

Date: