

# GOOD DOG

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ABN 94 311 575 527



## CLIENT REFERRAL/REGISTRATION FORM

### CLIENT DETAILS

Name: \_\_\_\_\_

Preferred  
name: \_\_\_\_\_

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

Phone no: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:                      Female ☐                      Male ☐

Gender Diverse ☐                      Indeterminate ☐

Other ☐

Relationship Status:    Single/Never married ☐    In a relationship/Married/Defacto ☐

Separated ☐                      Widowed ☐

Divorced ☐                      Choose not to answer ☐

Indigenous identity:    No ☐                      Aboriginal ☐

Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐

Choose not to answer ☐

Ethnicity: \_\_\_\_\_

Country and town of birth: \_\_\_\_\_

Is English the first language? Yes ☐ No ☐

Main language spoken at home: \_\_\_\_\_

Next of kin/guardian or emergency contact person and relationship to client:

\_\_\_\_\_

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

Phone: \_\_\_\_\_

### **PROGRAM/ACTIVITY DETAILS**

Broadly, what animal-assisted therapies/programs/activities would you need to access? (Please tick all that apply)

Therapy Dog visitation – pet/animal therapy ☐

Therapeutic animal-assisted goals – Physical/Emotional/Psychosocial ☐

Animal-assisted Education/Learning ☐

Other (please specify):

\_\_\_\_\_

Are you engaging with any health, allied health services and/or agencies currently?  
(Please tick all that apply)

Occupational Therapist ☐

Play Therapist ☐

Speech Therapist ☐

Social Worker ☐

Physio ☐

Psychologist/Counselling ☐

Psychiatrist ☐

Paediatrician ☐

Other medical/health specialist (please specify):

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NT Gov (Territory Families, Office of Disability, Office of Public Guardian etc.) ☐

NDIS ☐

DVA ☐

MyAgedCare ☐

Other (please specify):

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Case Worker or Case Manager details (Name & organisation):

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Email: 

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Phone: 

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**Recommendations/Action taken (for Good Dog office use):** e.g. that a formal assessment be undertaken.

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**Additional comments:**

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**SERVICE AWARENESS**

How did you find out about our service?

Other providers ☐

Promotional material (specify below) ☐

Community Event/Presentation ☐

Directory (specify below) ☐

Media (specify below) ☐

Family/friend ☐

Other (please specify):

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