



Assistance Dogs Admissions Form

Member of: *(Tick as appropriate)*

| Assistance Dogs UK Member Charities | | | |
|-------------------------------------|--------|------------------------------|--------|
| Organisation | Member | Organisation | Member |
| Autism Dogs | | Hearing Dogs for Deaf People | |
| Canine Partners | | Medical Detection Dogs | |
| Dog AID | | Service Dogs UK | |
| Dogs For Good | | Support Dogs | |
| Guide Dogs | | The Seeing Dogs Alliance | |
| Home/Owner trained | | | |

Verification of need for assistance: *(Tick as appropriate)*

| Form of Identification Provided | |
|--|--|
| ADUK ID Booklet or equipment | |
| Blue Badge | |
| PIP Letter | |
| Letter from health professional on recognised organisations headed paper | |

Evidence of dog's vaccination: *(Tick as appropriate)*

| Evidence of Vaccination | |
|---|--|
| ADUK ID Booklet or equipment | |
| Vet record of vaccination in past year – <i>To include date and vet signature and usually a vaccine bottle sticker, usually within record book with Vet Practice address present and description of dog</i> | |

Evidence of UK resident for more than 6 months or rabies vaccination

| Form of Identification Provided | |
|---|--|
| ADUK ID Booklet or equipment | |
| Annual Vaccination record for 6+ months | |
| Rabies vaccine certificate (dated within this year) | |
| Other <i>(describe)</i> | |



Health and Admission Declaration:

I confirm that the dog for which I am requesting admittance is an Assistance Dog for myself or person in my party.

I confirm the dog is not known to display reactive behaviour towards people, domestic animals or novel situations. If the dog does display reactive or disruptive behaviours, or behave in a way Zoo staff deem to negatively affect the welfare of Zoo animals', I agree to move to a quiet area to allow the dog to recover.

I acknowledge the Zoo has the right to ask the dog to be removed from site, should it behave in such a way to negatively affect the welfare of the Zoos animals or other visitors.

I confirm the dog for which I am requesting admittance has not shown any signs of disease, vomiting or diarrhoea in the last 24 hours.

I acknowledge there are areas of the Zoo where Assistance dogs cannot be permitted, for biosecurity and welfare reasons, and that these have been identified to me through provision of a handout.

I confirm all information provided on page 1 of this document to be true.

| | |
|--------------------------------|-----------------------|
| <i>Visitor Name:</i> | <i>Date of Visit:</i> |
| <i>Address:</i> | |
| <i>Post Code:</i> | <i>Telephone:</i> |
| <i>Email:</i> | |
| <i>Type of Assistance Dog:</i> | <i>Member No.</i> |

Visitor's signature:

Visitor's printed name:

Any data you provide to us on this document/form will be kept private and confidential to Welsh Mountain Zoo and partner companies who help run our website, e-mails and payment services.
We promise never to share your data with any other third parties, nor use your data for any other reason other than that for which it was provided.