



**Autism Assistance Dog
Application Package**
 Highland Canine Training, LLC
 145 Foxfield Drive
 Harmony, NC 28634
 www.autismassistancedog.com
 866.200.2207

10. Vet Reference Form for Service Dog Application

Client's Name _____ Phone number _____
 Address _____ City _____ State _____

-----The following must be completed by veterinarian's office.-----

Clinic Name _____ **Phone number** _____
Address _____ **City** _____ **State** _____

Pet Name	Species	M/F	Altered	UTD shots	Heartworm/flea	Comments
		M/F	Yes/no	Yes/no	Yes/no	
		M/F	Yes/no	Yes/no	Yes/no	
		M/F	Yes/no	Yes/no	Yes/no	
		M/F	Yes/no	Yes/no	Yes/no	

Additional Comments _____

___ It is my opinion that the above listed client provides regular preventative care of all listed pets.

Veterinarian Signature _____
 Name _____

Please seal in an envelope and sign the back of envelope. This information will not be shared or released. If you have questions about this form, please call our office at 866.200.2207.
Highland Canine Training, LLC