



Highland Canine Training, LLC
145 Foxfield Drive
Harmony, NC 28634
www.autismassistancedog.com
info@autismassistancedog.com
704.500.8281

Adult Application Cover Sheet

Name: _____

*Update any information below that may have changed since you submitted your initial application,
if N/A just skip.*

Street Address _____
City _____ State _____ Zip _____
Home phone (___) _____ - _____ Cell (___) _____ - _____
Email Address _____
Preferred method of contact _____

The following items/documents are required to be included in the Packet Submission. For the documents listed below, please ensure that all information is complete and that all documents are signed and initialed in the appropriate spots. If something is non-applicable, please just write N/A in the spot so we know that you have not missed something. Please mark an X when complete and attached all documents. Full packet can be scanned and email to: info@autismassistancedog.com, or mailed to the above address, please put Attn: Service Dog Department.

- ____ Photo of yourself
 - ____ Video (minimum of 15 minutes)
 - ____ Family Commitment Letter
 - ____ Script from Primary Physician
 - ____ 5-day log (Need 5 days in a row, including 2 days of the weekend)
 - ____ Veterinarian Reference
 - ____ 3 Letters of Reference (Sealed and mailed to Highland Canine Training)
 - ____ Letter of Reference (one needs to be from a Therapist/Doctor (on letterhead))
 - ____ Letter of Reference
 - ____ Letter of Reference
 - ____ Environmental Checklist
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The information attached to this coversheet is correct to the best of my knowledge.

Signature _____ Date: _____