



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

Child Application Cover Sheet

Name: _____

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

Name _____ Parent/Guardian (please circle)

Street Address _____

City _____ State _____ Zip _____

Home phone (___) ___ - ___ Cell (___) ___ - ___ Other (___) ___ - ___

Email Address _____

Preferred method of contact _____

Name _____ Parent/Guardian (please circle)

Street Address _____

City _____ State _____ Zip _____

Home phone (___) ___ - ___ Cell (___) ___ - ___ Other (___) ___ - ___

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 (both parents/guardians must initial/sign all documents). 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 your child (can be alone or with your family)

___ Video (minimum of 15 minutes)

___ Family Commitment Letter

___ School Commitment Statement by Family

___ School Policy Statement

___ 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

Date: _____

Parent/Guardian Signature _____ Signature _____