



Highland Canine Training, LLC
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704.500.8281

Veterinary Reference Form

Client's Name _____
Street Address _____
City _____ State _____ Zip _____

The following must be completed by veterinarian's office:

Clinic Name: _____ Phone Number: _____
Address: _____

Pet Name	Species	M/F	Altered	UTD shots	Heartworm/fleas	Comments
		M/F	Y/N	Y/N	Y/N	
		M/F	Y/N	Y/N	Y/N	
		M/F	Y/N	Y/N	Y/N	
		M/F	Y/N	Y/N	Y/N	
		M/F	Y/N	Y/N	Y/N	

Additional Comments: _____

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

Veterinarian Signature _____ Date _____
Print 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 704.500.8281
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