



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: _____