[Date]

[Employee/Student/Tenant Name]
[Address]
[City, State, Zip Code]

Subject: Approval of Medical Accommodation Request - Service Animal

Dear [Name],

This letter is to formally notify you that your request for a medical accommodation to have a service animal accompany you at [Company/School/Property Name] has been approved.

Based on the documentation provided, we recognize that your dog is a service animal trained to perform specific tasks to assist with a disability. This accommodation is granted effective [Start Date].

Terms of Accommodation:

- The service animal must remain under your control at all times (via leash, harness, or voice command).
- The animal must be housebroken and maintained in a healthy, groomed manner.
- The animal must not pose a direct threat to the health or safety of others.
- You are responsible for the disposal of all animal waste and any property damage caused by the animal.

This approval is specific to the service animal identified as: [Animal Name/Breed].

If you have any questions regarding this accommodation or if your needs change in the future, please contact [Contact Person/Department] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Authority]
[Title]
[Organization Name]