[Date]

[Healthcare Professional's Name]
[Professional Title]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

RE: Medical Documentation for Service Animal Accommodation for [Patient Name]

Dear [Healthcare Professional's Name],

I am writing to request documentation regarding my need for a service animal as a reasonable accommodation under the Americans with Disabilities Act (ADA) and/or the Fair Housing Act (FHA).

I am currently under your care for a disability that substantially limits one or more of my major life activities. To assist with the functional limitations caused by this disability, I require the use of a service animal.

Please provide a formal letter on your professional letterhead that confirms the following information:

- Verification that I have a physical or mental impairment that substantially limits one or more major life activities.
- A statement confirming that the animal is necessary to perform specific tasks or work related to my disability.
- A description of how the animal's presence or tasks alleviate the symptoms or effects of my disability.

Please note that you are not required to disclose my specific diagnosis or detailed medical records. This letter is intended solely to verify the medical necessity of the accommodation.

Thank you for your assistance in this matter. Please let me know if you need any further information or have any questions.

Sincerely,

[Patient Signature]
[Patient Printed Name]
[Phone Number]
[Email Address]