

[Date]

TO WHOM IT MAY CONCERN,

I am the licensed healthcare professional treating **[Patient Name]** (Date of Birth: **[DOB]**) for a mental health disability as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

The patient has a diagnosed psychiatric disability that substantially limits one or more major life activities. To mitigate the effects of this disability, the patient requires the constant assistance of a Psychiatric Service Animal (PSA).

This animal is not a pet or an emotional support animal. It is a service animal specifically trained to perform tasks and do work that assists the patient with their disability. These tasks include, but are not limited to: **[Insert tasks, e.g., deep pressure therapy during panic attacks, interrupting self-harming behaviors, or alerting to oncoming symptoms]**.

Because the animal must be available to provide these mitigating tasks at all times, it is medically necessary for the animal to accompany the patient in the aircraft cabin during air travel.

I am a licensed **[Type of Professional, e.g., Psychiatrist, Psychologist, LCSW]**. My license information is as follows:

- **License Number:** [Number]
- **State of Licensure:** [State]
- **License Issue Date:** [Date]

If you require further verification, please contact my office at **[Phone Number]**.

Sincerely,

[Signature]

[Printed Name and Title]

[Clinic/Practice Name]

[Address]

[Email Address]