

[Date]

[Doctor/Professional Name]

[License Number]

[Clinic/Organization Name]

[Phone Number]

[Address]

To Whom It May Concern,

I am the treating [Job Title, e.g., psychiatrist, licensed clinical social worker] for [Patient Name], born on [Date of Birth]. [Patient Name] is currently under my professional care for a mental health disability as defined by the Americans with Disabilities Act (ADA) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Due to this disability, [Patient Name] experiences specific limitations that interfere with major life activities. To mitigate these symptoms and assist with daily functioning, I have prescribed a Psychiatric Service Dog (PSD) as a necessary part of their treatment plan.

This service animal is individually trained to perform specific tasks to assist [Patient Name] with their disability. These tasks include, but are not limited to: [list tasks, e.g., deep pressure therapy, alerting to anxiety, interrupting repetitive behaviors].

As a service animal, this dog is not a pet. According to the ADA, [Patient Name] is entitled to be accompanied by their service dog in public places and housing without discrimination.

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

Sincerely,

[Signature]

[Typed Name and Credentials]