

[Provider Name, Degree]  
[Provider License Number]  
[Clinic/Practice Name]  
[Address]  
[Phone Number]  
[Date]

**To Whom It May Concern:**

I am the treating [Mental Health Professional Type, e.g., Psychiatrist/Therapist] for [Patient Name], born on [Patient Date of Birth]. [Patient Name] has been under my professional care since [Date].

I am writing this letter to formally document that my patient has a diagnosed mental health disability that substantially limits one or more major life activities as defined by the Americans with Disabilities Act (ADA).

As part of the ongoing treatment plan for this condition, I have recommended a Psychiatric Service Dog (PSD). This animal is not a pet, but a specifically trained service animal. The dog has been, or will be, trained to perform specific tasks to mitigate the symptoms of [Patient Name]'s disability, such as [List tasks, e.g., deep pressure therapy, interrupting panic attacks, or alerting to medication].

The presence of this service animal is medically necessary to allow [Patient Name] to function independently and participate in daily activities.

If you require any further information regarding this recommendation, please contact my office directly.

Sincerely,

[Signature]  
[Printed Name and Credentials]