

[Date]

[Provider Name, Credentials]

[License Type and License Number]

[State of Licensure]

[Clinic/Practice Name]

[Phone Number]

[Email Address]

**To Whom It May Concern,**

I am the treating [Mental Health Professional/Psychiatrist] for [Patient Name], born on [Patient Date of Birth]. [Patient Name] has been under my clinical care since [Start Date] for the treatment of a mental health disability as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The patient's condition substantially limits one or more major life activities. Based on my clinical evaluation and ongoing treatment plan, I have determined that a Psychiatric Service Animal (PSA) is a necessary component of the patient's treatment and recovery.

This animal is not a pet, but a specially trained service animal. It has been recommended to perform specific tasks to mitigate the symptoms of the patient's disability, including but not limited to:

- [Task 1, e.g., Deep pressure therapy during panic attacks]
- [Task 2, e.g., Tactile stimulation to ground the patient during dissociation]
- [Task 3, e.g., Room searching for PTSD hypervigilance]

Due to this disability, the patient requires the constant presence of their Psychiatric Service Animal in order to function and maintain stability in public spaces and housing.

If you require further verification of my professional status or licensing, please feel free to contact my office.

Sincerely,

[Signature]

[Printed Name and Credentials]