

[Date]

From:

[Doctor/Provider Name, Credentials]

[Clinic/Practice Name]

[Address]

[Phone Number]

To:

To Whom It May Concern

RE: Letter of Medical Necessity for a Psychiatric Service Dog

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

I am the treating [Job Title, e.g., Psychiatrist/Psychologist] for [Patient Name]. This patient has been under my professional care since [Date] for the treatment of a mental health disability as defined by the Americans with Disabilities Act (ADA).

As a result of this disability, the patient experiences specific functional limitations, including [List 1-2 symptoms, e.g., severe panic attacks, hypervigilance, or dissociative episodes]. These symptoms substantially limit the patient's ability to perform major life activities.

To assist with the management of this condition, I have prescribed a Psychiatric Service Dog (PSD). This dog is not a pet or an emotional support animal; it is a service animal that will be individually trained to perform specific tasks to mitigate the patient's disability. These tasks include, but are not limited to:

- [Task 1, e.g., Deep pressure therapy during panic attacks]
- [Task 2, e.g., Grounding the patient during a dissociative episode]
- [Task 3, e.g., Room search or alerting to an oncoming episode]

It is my medical opinion that the use of a Psychiatric Service Dog is a necessary component of the patient's ongoing treatment plan and will significantly improve their ability to function independently in public and private settings.

Should you require any further information, please feel free to contact my office.

Sincerely,

[Signature]

[Printed Name]

[License Number]

[State of Licensure]