

[Physician or Mental Health Professional's Letterhead]  
[Address]  
[Phone Number]  
[Email]

[Date]

To Whom It May Concern,

I am the treating [Physician/Psychiatrist/Therapist] for [Patient Name], currently under my professional care for a diagnosed mental health disability as defined by the Americans with Disabilities Act (ADA).

Due to the limitations caused by this disability, I have prescribed a Psychiatric Service Dog to assist [Patient Name]. This dog is not a pet, but a specially trained service animal required to perform specific tasks that mitigate the patient's disability. These tasks include, but are not limited to: [List tasks, e.g., alerting to anxiety attacks, providing tactile stimulation during dissociation, or performing room searches].

In accordance with the ADA and relevant fair housing/travel regulations, I recommend that [Patient Name] be accompanied by this service animal in all public accommodations, housing, and air travel to ensure equal access and functionality.

If you require any further information within the legal limits of patient confidentiality, please contact my office.

Sincerely,

[Signature]

[Printed Name of Provider]  
[Professional Title/License Number]  
[State of Licensure]