

[Professional's Letterhead]  
[Name of Professional, Degree]  
[Clinic/Organization Name]  
[Address]  
[Phone Number]  
[Email]

[Date]

To Whom It May Concern,

I am the treating [Mental Health Professional Title, e.g., Psychologist, Psychiatrist, Licensed Clinical Social Worker] for [Patient Name], who has been under my care since [Date].

I have diagnosed [Patient Name] with a mental health disability that substantially limits one or more major life activities. Specifically, this condition affects the patient's ability to [List activities, e.g., interact with others, navigate public spaces, manage episodes of high anxiety].

To mitigate the symptoms of this disability, I am recommending a service dog. This animal is not a pet, but a trained professional assistant required to perform specific tasks for the benefit of [Patient Name]. These tasks include, but are not limited to:

- [Task 1, e.g., Deep pressure therapy during panic attacks]
- [Task 2, e.g., Providing a physical buffer in crowded spaces]
- [Task 3, e.g., Tactile stimulation to ground the patient during dissociation]

The presence of this service dog is a necessary component of the treatment plan for [Patient Name] to function independently and access the community safely.

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

Sincerely,

[Signature]

[Printed Name]  
[License Number]  
[State of Licensure]