

[Physician or Mental Health Professional Letterhead]

[Clinic Name]

[Address]

[Phone Number]

[Email]

**Date:** [Date]

**To Whom It May Concern,**

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

Due to this condition, [Patient Name] has certain limitations regarding [list functional limitations, e.g., social interaction, sensory processing, or panic management]. To mitigate these limitations, I have prescribed a Psychiatric Service Dog (PSD).

This service dog is individually trained to perform specific tasks to assist [Patient Name], including but not limited to:

- [Task 1: e.g., Deep pressure therapy during panic attacks]
- [Task 2: e.g., Providing tactile stimulation to disrupt repetitive behaviors]
- [Task 3: e.g., Buffering in crowded spaces to reduce anxiety]

The presence of this service dog is necessary for [Patient Name] to function independently and participate in daily activities. Please provide [Patient Name] and their service dog the reasonable accommodations required by law.

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

Sincerely,

[Signature]

[Printed Name and Title]

[License Number]

[State of Licensure]