

[Provider's Letterhead or Name]
[Professional License Number]
[Contact Information]
[Date]

To Whom It May Concern:

I am the treating [Job Title, e.g., Psychiatrist/Therapist] for [Patient Name], born on [Patient Date of Birth]. [Patient Name] has been under my professional care since [Date] for a mental health disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

As part of a comprehensive treatment plan for [Patient Name]'s disability, I am prescribing a Psychiatric Service Dog (PSD). This animal is not a pet, but a medically necessary tool to mitigate the symptoms of the patient's condition. This recommendation is based on my clinical assessment that the presence and assistance of a service animal are essential to the patient's mental health and functional independence.

Specifically, the Psychiatric Service Dog will be trained to perform tasks including, but not limited to:

- [Task 1, e.g., Tactile stimulation to disrupt panic attacks]
- [Task 2, e.g., Room searching for hypervigilance relief]
- [Task 3, e.g., Deep pressure therapy during episodes of dissociation]

Because of this medical necessity, I recommend that [Patient Name] be afforded all legal accommodations regarding service animals in accordance with the Americans with Disabilities Act (ADA) and other relevant local and federal regulations.

If you require further verification, please contact my office during regular business hours.

Sincerely,

[Signature]

[Provider Printed Name]
[Title and Credentials]