

[Physician's Name, MD/DO]
[Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

Date: [Date]

To Whom It May Concern,

I am the primary care physician for [Patient Name], born on [Patient Date of Birth]. [Patient Name] has been under my professional care since [Date].

I am writing to formally document that my patient has a diagnosed mental health disability that substantially limits one or more major life activities. Specifically, this condition falls under the criteria defined by the Americans with Disabilities Act (ADA).

To mitigate the functional limitations of this disability, I have prescribed a Psychiatric Service Dog (PSD). This animal is not a pet, but a specially trained service animal required to perform specific tasks to assist [Patient Name] with their disability.

These tasks include, but are not limited to: [Example: Deep pressure therapy during panic attacks, interrupting repetitive behaviors, or providing tactile grounding during dissociative episodes].

Due to the medical necessity of this service animal, I recommend that [Patient Name] be accompanied by their Psychiatric Service Dog in all areas of public accommodation, housing, and air travel as permitted by the ADA and the Fair Housing Act.

Should you require further verification, please contact my office.

Sincerely,

[Physician Signature]

[Physician Name, Printed]
[Medical License Number]
[State of Licensure]