

[Date]

[Provider Name, Credentials]

[Clinic/Organization Name]

[Address]

[City, State, Zip Code]

[Phone Number]

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] is currently under my ongoing clinical care for a diagnosed mental health disability as defined by the Americans with Disabilities Act (ADA).

The symptoms of [Patient Name]'s disability substantially limit one or more major life activities. As part of a comprehensive treatment plan for this condition, I have recommended the use of a Psychiatric Service Dog (PSD).

This service animal is not a pet, but is specifically required to perform tasks that mitigate the functional limitations of the patient's disability. These tasks include, but are not limited to: [Example: deep pressure therapy during panic attacks, interrupting self-harming behaviors, or providing tactile grounding during dissociation].

The presence of this service dog is a necessary component of [Patient Name]'s ongoing clinical care and is essential for their ability to function and participate in daily life activities.

If you require further verification, please contact my office at [Phone Number].

Sincerely,

[Signature]

[Provider Name]

[License Number and State of Licensure]