

[Licensed Professional's Letterhead]
[Name of Professional]
[Title/Credentials]
[License Number and State]
[Phone Number]
[Address]

[Date]

To Whom It May Concern,

I am a licensed [Mental Health Professional Type, e.g., Psychiatrist, Psychologist, LCSW] and I am currently treating [Patient Name].

Under the criteria set forth by the Americans with Disabilities Act (ADA), [Patient Name] has a mental health disability that substantially limits one or more major life activities. Due to this disability, it is medically necessary for [Patient Name] to be accompanied by a Psychiatric Service Dog.

The dog is specifically trained to perform tasks that mitigate the symptoms of [Patient Name]'s disability. These tasks include, but are not limited to: [Example: providing deep pressure therapy during panic attacks, interrupting self-harming behaviors, or alerting to onset of anxiety].

This dog is a service animal, not a pet, and is required to assist [Patient Name] in daily life and public settings.

If you have any questions regarding this matter, please feel free to contact my office.

Sincerely,

[Signature]

[Printed Name]
[Title]