

[Physician's Name/Letterhead]

[Clinic/Hospital Name]

[Address]

[Phone Number]

[Date]

To Whom It May Concern:

I am the treating physician for **[Patient Name]**, whose date of birth is **[Patient Date of Birth]**. This letter serves as formal medical authorization and a prescription for a service animal as a necessary accommodation under the Americans with Disabilities Act (ADA).

My patient has a physical or mental impairment that substantially limits one or more major life activities. Due to this disability, I have prescribed a service animal to perform specific tasks and work to mitigate the symptoms of their condition.

The service animal is trained to perform the following tasks for the patient:

- [Task 1, e.g., Alerting to seizures]
- [Task 2, e.g., Providing stability for mobility]
- [Task 3, e.g., Recognizing and interrupting psychiatric episodes]

This accommodation is vital for the patient's health and ability to function in daily life. I request that you provide all reasonable accommodations to ensure that **[Patient Name]** can be accompanied by their service animal in all areas where the public is allowed.

Please contact my office if you require further clarification regarding this medical necessity.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[State of Licensure]