

# Service Animal Verification Letter

Date:

To Whom It May Concern,

This letter is to verify that  is under my professional care for a disability as defined under the applicable laws. It is my professional opinion that the presence of a service animal is necessary for their mental and/or physical health and well-being and to aid with functional limitations as a result of their disability.

The service animal provides necessary assistance to  in coping with the symptoms related to their disability, in accordance with the guidelines set by the Americans with Disabilities Act and/or the Fair Housing Act.

If you require any further information, please contact my office as indicated below.

Sincerely,

Name:

Title/Profession:

License Number:

Address:

Phone:

Email: