

# Service Animal Support Letter Template

Date:

To Whom It May Concern,

Recipient Name:

Practitioner Name:

Client Name:

Type of Service Animal:

I am a licensed healthcare professional treating . In my professional opinion, the above-named individual has a disability as defined by the ADA, and requires the assistance of a service animal for their well-being and daily functioning.

The presence of the service animal is necessary to help alleviate symptoms and to enhance the quality of life for .

If you require any additional information, please feel free to contact me.

Sincerely,