

Service Animal Letter from Doctor 2026 Template

DATE: [Date of Issue]

PROVIDER INFORMATION: [Name of Physician / Mental Health Professional] [Medical Specialty / Title] [Clinic / Hospital Name] [Address] [Phone Number] [Email Address]

TO: [Housing Authority / Landlord / Employer Name] [Address, optional]

RE: Medical Verification for Service Animal for [Patient Full Name]

To Whom It May Concern,

I am writing to formally certify that **[Patient Full Name]** is a patient under my professional care. I am familiar with their medical history and the functional limitations imposed by their medical condition.

It is my professional opinion that **[Patient Full Name]** has a physical or mental impairment that substantially limits one or more major life activities, meeting the definition of a disability under the **Americans with Disabilities Act (ADA)**, the **Fair Housing Act (FHA)**, and the **Rehabilitation Act of 1973**.

Due to this condition, I have recommended that **[Patient Full Name]** utilize a **Service Animal**. Unlike a standard pet or an emotional support animal, this animal is individually trained to do work or perform specific tasks that are directly related to the patient's disability. These tasks are essential for the patient to manage their condition, maintain independence, and ensure their safety.

Therefore, I am requesting that you make a reasonable accommodation to permit **[Patient Full Name]** to be accompanied by their Service Animal in your facility/residence, exempt from any "no-pet" policies or pet-related fees.

Please feel free to contact my office if you require verification of this letter's authenticity.

Sincerely,

(Signature)

[Name of Professional] [License Number] [Licensing State/Board]

