

# Service Dog Letter For Housing

Name:

Title/ Credentials:

Clinic or Practice Name:

Address:

City, State, Zip Code:

Email Address:

Phone Number:

Date:

Recipient Name:

Housing Provider/Landlord Name:

Housing Address:

City, State, Zip Code:

Subject:

Dear \_\_\_\_\_:

I am writing this letter to confirm that my patient, \_\_\_\_\_, is under my care for a disability that substantially affects one or more major life activities. As part of their treatment plan, I have prescribed a service dog to assist in managing their disability-related tasks.

Based on my professional evaluation and expertise, I have determined that the presence of a service dog is crucial for \_\_\_\_\_'s well-being and daily functioning. The specific service dog prescribed is named \_\_\_\_\_ who is trained to perform tasks directly related to \_\_\_\_\_'s disability.

I am a licensed \_\_\_\_\_ in the state of \_\_\_\_\_, and my license number is \_\_\_\_\_. My license was issued on \_\_\_\_\_. I am authorized to provide this letter as a professional evaluation and prescription for a service dog under the Americans with Disabilities Act.

While the legal landscape has evolved, I am providing this letter to inform you of the therapeutic need for the presence of a service dog in \_\_\_\_\_'s housing. This includes assistance with \_\_\_\_\_.

If you have any questions or require further information, please feel free to contact me at \_\_\_\_\_.

Thank you for your understanding and prompt attention to this matter.

Sincerely,

Name:

Credentials:

Signature: