

FROM THE OFFICE OF
(YOUR PROVIDER HERE)

(Date)

To Whom it May Concern

I, (Name of Provider) am the (Title of Provider) for (Name of Patient).

It has been determined that (Name of Patient) benefits from the use of a service dog,
which partially alleviates their disability.

Sincerely,

(Name of Provider)

(Title of Provider)

(Phone)

(Fax)