

Your letter MUST include your medical provider's signature and license number.

Date: _____

To Whom It May Concern:

_____ is a patient under my care. They are disabled, as their condition limits one or more of their major life activities. I have prescribed an assistance animal to aid them in living with their disability. This animal provides them with needed support and assistance that improves their quality of life.

If you have further questions, please feel free to call me at my office number.

Sincerely,

_____ Medical Provider

_____ License Number

_____ Phone Number