

Your letter MUST be on your physician's letterhead and include his/her signature and license number.

Date: _____

To Whom It May Concern:

_____ is a patient under my care. She is disabled, as her condition limits one or more of her major life activities. I have prescribed assistance animals to aid her in living with her disability. These animals provide her with needed support and assistance that improves her quality of life.

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

Sincerely,

_____ Medical Provider

_____ License Number