

SUPPORT ANIMAL LETTER

To Whom It May Concern:

This letter certifies that the individual named below has a disability as defined by the Americans with Disabilities Act (ADA) and requires the use of a support animal as part of their ongoing treatment. The support animal provides necessary assistance that alleviates one or more identified symptoms or effects of the individual's disability.

Patient Information:

Full Name: _____

Date of Birth: _____

Address: _____

Support Animal Information:

Type of Animal (e.g., dog, cat): _____

Animal's Name: _____

Description (breed, color, size): _____

The support animal described above is necessary due to the patient's disability and provides specific assistance that alleviates one or more symptoms or effects of the disability. This support animal is not a pet but a reasonable accommodation under the Fair Housing Act, Section 504 of the Rehabilitation Act, the Air Carrier Access Act, and other applicable federal laws.

This letter is provided in accordance with applicable United States federal and state laws and complies with all relevant legal requirements concerning support or assistance animals. Any falsification or misuse of this documentation may result in legal consequences.

Provider Information:

Provider's Full Name: _____

Professional Title and Credentials: _____

License Number (if applicable): _____

Contact Information: _____

Certification:

I hereby certify, to the best of my professional knowledge and ability, that the individual named above requires the support animal identified herein as a necessary accommodation for their disability. This certification is made without any conflict of interest and is based upon a thorough evaluation of the patient's condition.

Provider Signature:

This letter is valid only with an original signature of the licensed professional and must be presented only for lawful purposes consistent with United

Provider Signature

Date: _____

States federal and state law.

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