

Prescription For A Service Animal

_____ is my patient, and has been under my care since _____. I am intimately
Name of Client Start Year
familiar with his/her history and with the functional limitations imposed by his/her disability.
He/She meets the definition of disability under the Americans with Disabilities Act, the Fair
Housing Act, and the Rehabilitation Act of 1973.

Due to the disability, _____ has certain limitations regarding
Client's first name

Social Interaction, Coping with Stress, Anxiety, Etc.

In order to help alleviate these difficulties, and to enhance his/her ability to fully enjoy a normal
as possible life, I am prescribing a service animal that will assist my patient in coping with
his/her disability. DSM/ICD10 Code: _____

If you have any questions concerning my recommendation for a Service Animal please submit,
in writing, your questions for my review.

Sincerely,

Professionals Signature

Print Professionals Name

License # _____

State of License _____

Phone Number: _____