



Physician Form Letter

Applicant Full Name: _____

Physical Address: _____

Telephone Number: _____

Email: _____

The above-named Applicant has been diagnosed with an anxiety or anxiety related disorder.

In my professional opinion the Applicant would greatly benefit from having a properly trained Psychiatric Service Dog.

In my professional opinion the Applicant will show a vast change in emotional regulation, frustration tolerance and toleration of the public, and airline and other public transportation while in the presence of a service dog. With a properly trained Psychiatric Service Dog the applicant could also have more support as he/she continues to expand his/her comfort zone and would potentially learn more about his/her emotional state as his/her dog is attuned to him/her and offers comfort when needed.

To offer comfort when he/she is in public and to encourage them to stretch his/her comfort zone and to discourage further social isolation that increases the severity of PTSD or other anxiety disorders.

Physician Signature: _____

Physician Name: _____

Practice/Facility Name: _____

Address: _____

Phone Number: _____

Email: _____