

Applicant:				
Address:				
Telephone	Number:			

The Applicant identified above 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/medical alert dog in his/her life.

In my opinion the applicant will showcase 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/medical alert dog. With a properly trained psychiatric service dog/medical alert dog, the individual could also have more support as he/she continues to expand his/her comfort zone and would potentially also learn more about his/her emotional states 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:			
Telephone Number:			
E-mail Address:			