
(Practitioner's Name)

(Address)

(Telephone Number)

Embrace A Vet
Paws For Peace
Post Office Box 516
Topsham, Maine 04086
207-449-9149

To Whom It May Concern:

_____ is my patient.

Due to his/her diagnosis of PTSD/TBI, he/she experiences difficulties effectively coping with many daily life situations. To help alleviate these challenges and to enhance his/her day to day functioning, I recommend he/she have a service dog. The presence of this service dog will likely help mitigate the PTSD/TBI symptoms he/she is currently experiencing.

The EAV Paws for Peace program requires the veteran and untrained dog train together in a 16 week course that meets once a week for 2 hours. In addition, the veteran is required to train with their dog at home for approximately an hour each day in 10-15 minute segments and to keep a log of their training time/activity. It is my opinion that my patient is capable of adhering to this rigorous schedule. I also believe that he/she has the ability to refrain from using a punitive approach with the service dog and can follow the positive training techniques, as taught by the dog program trainers. And, I believe that my patient will be able to provide a safe and caring home for a dog.

Sincerely,

(Practitioner's signature and title)

(Date)

