[Health Professional's Letterhead]
[Name of Clinic/Practice]
[Address]
[Phone Number]
[Email]

[Date]

To Whom It May Concern,

I am the licensed mental health professional for [Patient's Full Name], born on [Patient's Date of Birth]. I have been treating this patient since [Date of Start of Treatment] for a diagnosed mental health disability recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The patient's condition substantially limits one or more major life activities. To help alleviate the symptoms of this disability and to enhance the patient's ability to function independently, I have prescribed an Emotional Support Animal (ESA).

The presence of this animal is a necessary component of the patient's treatment plan. It provides emotional support, stability, and therapeutic relief that mitigates the functional limitations caused by their mental health condition.

I am familiar with the professional and service standards regarding Emotional Support Animals. Please provide the reasonable accommodations necessary for this patient and their animal as required by the Fair Housing Act and other applicable laws.

This recommendation is valid for one year from the date of this letter.

Sincerely,

[Signature of Health Professional]

[Printed Name of Health Professional]
[Title and Credentials: e.g., LCSW, LMHC, MD, PsyD]
[State of Licensure]
[License Number]