[Physician/Provider Letterhead]
[Name of Professional]
[License Type and Number]
[Clinic Name]
[Phone Number]
[Address]

Date: [Current Date]

To Whom It May Concern,

I am the treating [Psychiatrist/Psychologist/Licensed Therapist] for [Patient Name]. [Patient Name] has been under my professional care since [Date].

I have evaluated [Patient Name] and have diagnosed them with a mental health disability according to the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This condition substantially limits at least one major life activity.

As part of the treatment plan for this disability, I am prescribing an Emotional Support Animal (ESA). The presence of this animal is necessary for [Patient Name]'s mental health, as it provides comfort and support that alleviates the symptoms of their condition.

Animal Information (if known):
Type of animal: [e.g., Dog/Cat]
Name: [Animal Name]

In accordance with the Fair Housing Act, I request that [Patient Name] be granted reasonable accommodation to live with this animal in their residence.

If you have any questions regarding this recommendation, please feel free to contact my office.

Sincerely,

[Signature of Professional]

[Printed Name and Title]