[Physician's Name, MD/DO/NP]
[Clinic Name]
[Clinic Address]
[Phone Number]

Date: [Date]

RE: Emotional Support Animal Recommendation for [Patient Name]

To Whom It May Concern,

I am the primary care physician for [Patient Name], born on [Patient Date of Birth]. I am currently treating this patient for a mental health disability as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and the Fair Housing Act.

The patient has a diagnosed condition that substantially limits one or more major life activities. To mitigate the symptoms of this disability, I have prescribed an Emotional Support Animal (ESA). The presence of this animal is a necessary component of the patient's ongoing treatment plan, as it provides the emotional support and stability required to manage their symptoms.

Specifically, the ESA helps the patient by [mention general benefit, e.g., reducing anxiety, providing companionship during episodes, or increasing functional capacity].

In accordance with the Fair Housing Act, I request that the patient be granted reasonable accommodation to live with their animal in their residence. This animal is not a pet, but rather an integral part of the patient's medical treatment.

If you have any questions regarding this recommendation, please contact my office directly.

Sincerely,

[Physician Signature]

[Physician Name, Printed]
[License Number]
[State of Licensure]