[Mental Health Professional's Letterhead]
[Name of Professional]
[License Number and Type]
[Contact Information/Address]

[Date]

To Whom It May Concern,

I am the treating [Mental Health Professional Type] for [Patient Name]. This letter serves as an annual renewal and update to the medical recommendation regarding the use of an Emotional Support Animal (ESA) as part of their ongoing treatment plan.

I am currently treating [Patient Name] for a mental health disability as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This 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 live independently, I have prescribed an Emotional Support Animal. The presence of this animal is necessary for the patient's mental health as it provides essential therapeutic support.

The animal is described as follows:
Type of Animal: [Type, e.g., Dog]
Name: [Animal Name]
Breed: [Breed, if known]

This recommendation is valid for one year from the date of this letter. If you have any questions regarding this renewal, please contact my office.

Sincerely,

[Signature of Professional]
[Printed Name of Professional]
[State of Licensure]