[Date]

[Full Name of Licensed Professional]
[Professional License Number]
[Type of Practice/Clinic Name]
[Address]
[Phone Number]

RE: Emotional Support Animal Letter for [Patient Name]

To Whom It May Concern,

I am a licensed [Mental Health Professional/Doctor/Type of Professional] and I am currently treating [Patient Name] for a mental health condition or disability diagnosed under the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The patient has a condition that substantially limits one or more major life activities. To mitigate the symptoms of this disability and to enhance the patient's ability to live independently, I am prescribing a canine Emotional Support Animal (ESA).

The presence of this animal is necessary for the patient's mental health as it provides essential emotional support, reduces symptoms of their condition, and improves their overall functional capacity.

This animal is not a service animal under the Americans with Disabilities Act (ADA), but is an emotional support animal as defined by the Fair Housing Act. I recommend that the patient be allowed to live with their emotional support animal in their residence.

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

Sincerely,

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