[Date]

[Licensed Professional's Name]
[Professional Title]
[License Number and State of Issue]
[Clinic/Organization Name]
[Address]
[Phone Number]

To Whom It May Concern,

I am the treating [Mental Health Professional/Physician] for **[Patient's Name]**. I am writing to formally document the medical necessity of an Emotional Support Animal (ESA) as part of the patient's treatment plan for a diagnosed mental health disability under the Americans with Disabilities Act (ADA) and the Fair Housing Act.

The patient has a mental health impairment that 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 and use/enjoy their dwelling, I have prescribed a **feline (cat)** as an Emotional Support Animal.

The presence of this feline provides necessary therapeutic support, including [mention specific benefits, e.g., reducing anxiety, providing companionship, or stabilizing mood].

This letter serves as formal documentation of the patient's disability-related need for this animal. If you require further information, please contact my office directly.

Sincerely,

[Signature]

[Printed Name]