[Physician/Therapist Letterhead]
[Clinic Name]
[Address]
[Phone Number]

[Date]

To Whom It May Concern,

I am the licensed healthcare professional treating [Patient Name], born on [Date of Birth]. I have been providing care for this patient since [Date].

[Patient Name] has a diagnosed mental health condition or emotional disability that meets the criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Due to the patient's age and clinical presentation, this disability limits one or more major life activities. I have determined that the presence of an Emotional Support Animal (ESA) is a necessary component of the patient's treatment plan. The animal provides specific emotional support that alleviates symptoms of the patient's disability, such as [e.g., anxiety, social withdrawal, or emotional dysregulation].

I am recommending that [Patient Name] be permitted to have an Emotional Support Animal to assist with their functional limitations. This recommendation is made in accordance with applicable fair housing and disability laws.

If you require further information, please feel free to contact my office.

Sincerely,

[Signature]

[Printed Name of Healthcare Professional]
[Title/Credentials]
[License Type and Number]
[State of Licensure]