[Licensed Professional's Name/Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To Whom It May Concern,

I am the licensed mental health professional providing treatment to **[Patient's Full Name]**. I am currently treating this individual for a mental or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

As part of the treatment plan, I have determined that the presence of an Emotional Support Animal (ESA) is necessary to mitigate the symptoms of the patient's disability. This animal provides essential emotional support that improves the patient's ability to function and enhances their overall quality of life.

Animal Description (if known):
Type of Animal: [e.g., Dog, Cat]
Name: [Animal's Name]

This authorization is temporary and is valid for a period of **[Number]** months, expiring on **[Expiration Date]**. Upon the expiration of this period, the patient's condition and the continued need for an ESA will be re-evaluated.

Should you require further verification, please feel free to contact my office during business hours.

Sincerely,

[Signature]

[Printed Name]
[Professional Title and License Number]
[State of Licensure]