

[Date]

[Healthcare Professional's Name]

[License Type and Number]

[Clinic/Practice Name]

[Phone Number]

[Address]

**RE: Emotional Support Animal Prescription for [Patient's Full Name]**

To Whom It May Concern,

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

Due to this condition, [Patient's Name] has specific limitations that substantially interfere with one or more major life activities. I have determined that the presence of an Emotional Support Animal (ESA) is necessary to mitigate these symptoms and provide the therapeutic support required for the patient's well-being.

The companionship of this animal provides essential support that allows [Patient's Name] to function and cope with the challenges of their daily life and disability.

I am prescribing an Emotional Support Animal for [Patient's Name] and request that reasonable accommodations be made for them and their animal in accordance with the Fair Housing Act (FHA) and other applicable laws.

Sincerely,

[Signature]

[Printed Name]

[Professional Title]