

[Provider Name/Clinic Name]

[Professional Title/Credentials]

[Address]

[Phone Number]

[Email Address]

Date: [Current Date]

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

To Whom It May Concern,

I am a licensed mental health professional currently treating [Patient Name] for a diagnosed mental health condition. Under the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), [Patient Name] meets the clinical requirements for Severe Anxiety.

This condition substantially limits one or more major life activities. To mitigate the symptoms of this disability, I have prescribed an Emotional Support Animal (ESA). The presence of this animal is a necessary component of the patient's ongoing treatment plan, as it provides the essential support and comfort required to alleviate the functional limitations caused by their severe anxiety.

Patient Information:

Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Animal Information (If known):

Type: [e.g., Dog/Cat]

Name: [Animal Name]

I recommend that [Patient Name] be afforded the legal protections and reasonable accommodations regarding housing as provided by the Fair Housing Act.

If you require any further verification, please contact my office directly.

Sincerely,

[Signature]

[Provider Name, Credentials]

[License Number and State of Licensure]

[NPI Number]