

[Health Professional's Letterhead]
[Full Name of Professional]
[License Type and License Number]
[Issuing State]
[Phone Number]
[Email Address]

[Date]

To Whom It May Concern,

I am a licensed mental health professional currently treating [Patient Name] for a mental health disability as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

The patient has a clinical diagnosis of Major Depressive Disorder. Due to the symptoms associated with this condition, the patient experiences functional limitations in one or more major life activities. To help alleviate these symptoms and enhance the patient's ability to live independently, I have prescribed an Emotional Support Animal (ESA).

The presence of this animal is a necessary component of the patient's ongoing treatment plan. The animal provides essential emotional support that mitigates the effects of the patient's disability, particularly during depressive episodes.

I am familiar with the patient's history and the functional limitations imposed by their mental health disability. It is my professional opinion that an emotional support animal is required for the patient's well-being and mental health stability.

If you have any questions regarding this recommendation, please feel free to contact my office.

Sincerely,

[Signature]

[Professional's Printed Name]
[Professional Credentials]