

[Date]

[Healthcare Professional Name]

[License Type and Number]

[Clinic/Practice Name]

[Phone Number]

[Address]

To Whom It May Concern,

I am the treating [Job Title/License Type] for [Patient Name]. I am writing this letter to formally document my recommendation for an Emotional Support Animal (ESA) as part of this patient's treatment plan.

The patient has a mental health disability as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This condition substantially limits at least one major life activity.

I have prescribed an Emotional Support Animal to assist with the symptoms of this disability. The presence of this animal is necessary for the patient's mental health, as it provides support that alleviates identified symptoms or effects of the patient's existing disability.

This recommendation is made in accordance with the Fair Housing Act. If you require further verification, please contact my office during regular business hours.

Sincerely,

[Signature]

[Typed Name]

[License State and Date of Issuance]