

**[Date]**

**To Whom It May Concern,**

I am a licensed mental health professional, specifically a **[Your Professional Title: e.g., Licensed Clinical Social Worker, Psychologist, Psychiatrist]**, licensed in the state of **[State Name]** (License Number: **[Your License Number]**). I am currently providing professional mental health services to **[Patient Name]**.

**[Patient Name]** is under my care for a mental health disability as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Specifically, the patient has been diagnosed with Post-Traumatic Stress Disorder (PTSD).

The symptoms associated with this condition significantly limit one or more major life activities. To help mitigate these symptoms and enhance the patient's ability to function, I have prescribed an Emotional Support Animal (ESA). This animal provides the patient with necessary emotional support, stability, and a sense of safety, which are critical for the management of their PTSD symptoms.

Based on my professional assessment, the presence of this animal is a vital component of the patient's ongoing treatment plan. I am recommending that **[Patient Name]** be allowed to keep an Emotional Support Animal in their residence as a reasonable accommodation under the Fair Housing Act.

If you have any further questions regarding this request, please feel free to contact my office at **[Your Phone Number]**.

Sincerely,

**[Your Signature]**

**[Your Printed Name]**

**[Professional Title and Credentials]**

**[Clinic/Practice Name]**

**[Address]**

**[Email Address]**