

[Provider Name, Degree]
[Clinic/Practice Name]
[Clinic Address]
[Phone Number]
[License Number & State of Licensure]

Date: [Current Date]

RE: Emotional Support Animal Prescription for [Patient Name]

To Whom It May Concern,

I am the treating [Job Title, e.g., Pediatrician/Psychologist] for **[Patient Name]** (DOB: [Patient Date of Birth]). [Patient Name] is currently under my professional care for a diagnosed mental health or emotional disability as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The patient's condition results in significant functional limitations regarding [mention general areas, e.g., social interaction, anxiety regulation, or daily functioning]. To mitigate these symptoms and assist in the patient's ongoing treatment plan, I have prescribed an Emotional Support Animal (ESA).

The presence of this animal is a necessary component of the patient's treatment. It provides the essential emotional support, comfort, and stability required to alleviate the functional effects of the patient's disability.

This letter supports the patient's request for reasonable accommodations under the Fair Housing Act and other applicable disability regulations.

If you require further verification or have any questions, please contact my office during business hours.

Sincerely,

[Signature of Provider]

[Provider Name, Degree]
[Clinic Name]