

[Licensed Professional's Letterhead]

[Name of Professional]

[License Type and Number]

[Phone Number]

[Email Address]

[Date]

To Whom It May Concern,

I am a licensed mental health professional in the state of [State], currently treating [Patient Name].

I have assessed [Patient Name] and have determined that they have a mental health disability as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Due to this disability, [Patient Name] experiences functional limitations that interfere with their major life activities.

To assist in the mitigation of these symptoms and to improve the patient's ability to function, I am prescribing an Emotional Support Animal (ESA). Specifically, I am prescribing a canine to provide necessary therapeutic support and comfort. The presence of this animal is a vital component of the patient's ongoing treatment plan.

This letter satisfies the requirements for reasonable accommodation under the Fair Housing Act. Please provide the necessary accommodations to allow [Patient Name] to reside with their emotional support canine.

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

Sincerely,

[Signature of Professional]

[Typed Name of Professional]

[License Number and Issuing State]