

[Date]

[Provider Name]

[Provider Professional License Number]

[Provider Contact Information]

To Whom It May Concern,

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

Due to the patient's condition, they have certain limitations regarding major life activities. To assist with these symptoms and to enhance the patient's ability to function, I have prescribed a feline Emotional Support Animal (ESA).

The presence of this animal is necessary for the patient's mental health, as it provides essential therapeutic support that mitigates the symptoms of their disability. This animal is not a service animal but is a vital part of the patient's treatment plan.

I request that the patient be granted reasonable accommodations to live with this feline companion in accordance with the Fair Housing Act.

If you require further information, please feel free to contact my office.

Sincerely,

[Signature]

[Printed Name and Title]