

[Health Professional Letterhead]
[Phone Number]
[Email Address]
[Address]

[Date]

To Whom It May Concern,

I am the licensed healthcare professional for [Patient Name], currently under my care for a diagnosed mental health disability. My patient meets the diagnostic criteria for a mental health disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), specifically relating to severe Panic Attacks.

The symptoms of this condition significantly limit one or more major life activities. To mitigate these symptoms and assist with emotional regulation during panic episodes, I have prescribed an Emotional Support Animal (ESA). The presence of this animal is a necessary component of the patient's ongoing treatment plan.

I am formally requesting that [Patient Name] be granted reasonable accommodations to live with their animal in accordance with the Fair Housing Act. This animal is not a pet, but an essential support for the patient's mental health.

Professional License Information:

Type of License: [License Type, e.g., LCSW, Psychologist, MD]

License Number: [Number]

State of Licensure: [State]

Sincerely,

[Signature]

[Printed Name of Professional]