

**[Health Professional's Letterhead]**

[Full Name of Licensed Professional]

[License Type and Number]

[Clinic/Organization Name]

[Address]

[Phone Number]

[Email]

**Date:** [Current Date]

**RE: Annual Renewal of Emotional Support Animal Prescription for [Patient Name]**

To Whom It May Concern,

I am the treating [Job Title, e.g., Licensed Clinical Social Worker/Psychiatrist] for [Patient Name], who has been under my professional care since [Date].

This letter serves as a formal renewal and update to the previous prescription regarding the patient's need for an Emotional Support Animal (ESA). [Patient Name] has a mental health disability as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This condition substantially limits one or more major life activities.

As part of the continued treatment plan, I am re-prescribing the presence of an Emotional Support Animal. The presence of this animal is necessary to mitigate the symptoms of the patient's disability and is essential for their mental health and well-being.

Specific Information regarding the animal (if applicable):

Type of animal: [e.g., Dog/Cat]

Name: [Animal's Name]

This prescription is valid for one year from the date of this letter and is issued in accordance with applicable federal and state laws, including the Fair Housing Act.

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

Sincerely,

[Signature of Professional]

[Printed Name of Professional]

[License Number and State of Licensure]