

[Licensed Mental Health Professional Letterhead]
[Full Name and Title]
[Clinic/Practice Name]
[Address]
[Phone Number]
[Email Address]

[Date]

To Whom It May Concern,

I am a licensed mental health professional in the state of [State Name], and I am currently providing professional mental health services to [Patient's Full Name].

The patient has a documented mental health disability as defined by the Americans with Disabilities Act (ADA) and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Specifically, the patient suffers from a chronic phobia that substantially limits one or more major life activities.

As part of the patient's ongoing treatment plan, I have prescribed an Emotional Support Animal (ESA). The presence of this animal is necessary to mitigate the symptoms of the patient's chronic phobia by providing comfort, reducing anxiety, and assisting in the management of fear-related triggers.

Based on my clinical assessment, the presence of this animal is essential to the patient's mental health and well-being. I am recommending that [Patient's Name] be allowed to live with their ESA and/or travel with their ESA as a reasonable accommodation under the Fair Housing Act and other applicable regulations.

If you have any further questions, please do not hesitate to contact my office.

Sincerely,

[Signature]
[Printed Name of Professional]
[Type of License: e.g., LCSW, LMHC, Psychiatrist]
[License Number]
[State of Licensure]