

[Physician/Mental Health Professional Name]

[License Type and Number]

[Professional Address]

[City, State, Zip Code]

[Phone Number]

[Date]

To Whom It May Concern:

I am the treating [physician/therapist/psychiatrist] for [Patient Name], and I have been providing professional care for their mental health needs since [Date/Year].

I am writing to formally request a reasonable accommodation for [Patient Name] regarding their housing. The patient has a mental health disability as defined by the Fair Housing Act and the Americans with Disabilities Act.

Due to the functional limitations caused by this disability, I have prescribed an Emotional Support Animal (ESA) as a necessary part of the patient's treatment plan. The presence of this animal is required to alleviate specific symptoms of the patient's condition and to allow them an equal opportunity to use and enjoy their dwelling.

Specifically, the ESA provides [emotional support/comfort/stability] that mitigates the effects of [Patient Name]'s disability. This animal is not a pet, but rather an integral part of the patient's ongoing medical treatment.

Please grant the requested reasonable accommodation by waiving any "no pet" policies or pet-related fees for this individual and their Emotional Support Animal.

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

Sincerely,

[Signature]

[Printed Name and Title]