

# EMOTIONAL SUPPORT ANIMAL LETTER

To Whom It May Concern:

This letter is to certify that the individual named below has a mental or emotional disability recognized under the Americans with Disabilities Act and the Fair Housing Act. The undersigned is a licensed mental health professional who has evaluated the individual and determined that the presence of an Emotional Support Animal (ESA) is necessary for the individual's mental health and well-being.

**Patient Information:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Emotional Support Animal Information:**

Type of Animal: \_\_\_\_\_

Breed (if applicable): \_\_\_\_\_

Description (color, size, distinguishing marks): \_\_\_\_\_

This letter constitutes a recommendation for the individual named above to have their Emotional Support Animal accommodated in housing and air travel as required by law. The ESA is not a pet, but a necessary part of the individual's treatment plan for a diagnosed mental or emotional disability. Housing providers and airlines must provide reasonable accommodation to the ESA under applicable federal laws, including but not limited to the Fair Housing Act and the Air Carrier Access Act.

**License Information of Mental Health Professional:**

Full Name: \_\_\_\_\_

License Type and Number: \_\_\_\_\_

State of Licensure: \_\_\_\_\_

The undersigned certifies that this letter is true and accurate to the best of their professional knowledge, and that the patient is under their care, requiring an Emotional Support Animal for their well-being. This letter is valid for one year from the date of signature and may be reissued as necessary.

**MENTAL HEALTH PROFESSIONAL SIGNATURE**

**PATIENT SIGNATURE**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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