

EMOTIONAL SUPPORT ANIMAL LETTER

To Whom It May Concern:

This letter serves as verification that the individual named below is under my care and has a diagnosed mental health condition or emotional disorder, for which the presence of an Emotional Support Animal (ESA) is a necessary part of their treatment. The ESA provides therapeutic benefit and alleviates symptoms related to the patient's condition, contributing to their mental health and emotional well-being.

Patient Information:

Full Name: _____
Date of Birth: _____

Practitioner Information:

Full Name: _____
License Number / NPI: _____
Address: _____
Phone Number: _____

Emotional Support Animal Information:

Type of Animal: _____ Breed/Description: _____
Name of Animal: _____

Statement of Necessity:

Based on my professional judgment, this patient requires an Emotional Support Animal as part of their ongoing mental health treatment. The ESA is necessary to provide emotional support that alleviates one or more identified symptoms or effects of the patient's mental or emotional disability. This letter is intended to comply with the requirements under the Fair Housing Act (FHA) and the Air Carrier Access Act (ACAA) for reasonable accommodation requests related to Emotional Support Animals.

Legal and Compliance Notice:

This verification letter is not a prescription for an ESA, nor a veterinary statement concerning the animal's health or behavior. It is valid solely for the purpose of confirming the patient's need for accommodation under applicable United States federal laws protecting individuals with disabilities. The ESA described herein is not considered a pet under these laws. Misuse of this letter may be subject to penalties under state and federal law.

Provider's Signature and Certification:

Signature: _____
Printed Name: _____
Professional Title: _____
License State: _____
Contact Email: _____

Provider's Signature

Date of Issuance

Signature: _____

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