EMOTIONAL SUPPORT ANIMAL LETTER FOR DOG

To Whom It May Concern:

This letter is to certify that the individual named below is a patient under my care and has a diagnosed mental or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which substantially limits one or more major life activities. As part of their ongoing treatment, it is my professional opinion that an Emotional Support Animal (ESA), specifically a dog, is necessary to provide emotional support that alleviates one or more identified symptoms or effects of the disability.

Patient Information:

Full Name: ____________________

Date of Birth: ____________________

Address: ____________________

Mental Health Professional Information:

Full Name: ____________________

License Number: ____________________

State of Licensure: ____________________

Address: ____________________

Phone Number: ____________________

Emotional Support Animal Information:

Animal Type: Dog

Animal Name (if applicable): ____________________

Breed (if known): ____________________

Legal and Housing Rights:

Under the Fair Housing Act (FHA) and Section 504 of the Rehabilitation Act, individuals with disabilities are entitled to reasonable accommodations in housing, including the presence of an Emotional Support Animal, even in housing that otherwise prohibits pets. The ESA dog named herein is not a pet but a necessary supportive aid to mitigate the effects of the patient's disability.

Limitations and Conditions:

This letter does not certify that the ESA dog is a service animal under the Americans with Disabilities Act (ADA), nor does it grant public access rights beyond housing accommodations. The patient remains responsible for the control and care of the ESA dog at all times. This letter is valid only as part of the therapeutic relationship between the patient and the treating mental health professional.

Professional Certification:

I certify that the information herein is true and accurate to the best of my professional knowledge. This letter is issued

for the purpose of supporting the patient's need for an Emotional Support Animal and should be considered as part of their ongoing mental health treatment.

Mental Health Professional Signature	**Patient Signature**
Signature: ______________________	Signature: ______________________

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