

# EMOTIONAL SUPPORT ANIMAL (ESA) LETTER

Date: [DATE]

Name: [HEALTHCARE PROFESSIONAL'S NAME]

Name of Practice/Business: [BUSINESS NAME]

Telephone Number: [PHONE NUMBER]

Address: [BUSINESS ADDRESS - LINE 1]

City, State: [BUSINESS ADDRESS - LINE 2]

To Whom It May Concern:

[PATIENT'S FULL NAME] is my patient and has been under my care for a disability since [START OF CARE DATE]. [PATIENT NAME]'s diagnosis meets the definition of a disability under the Americans with Disabilities Act (42 U.S.C. § 12102.), the Fair Housing Act (42 U.S.C. § 3602), and the Rehabilitation Act of 1973 (29 U.S.C. § 705).

Due to this disability, [PATIENT'S NAME] faces limitations including [DESCRIBE IMPACTS OF DISABILITY ON PATIENT'S LIFE]. [PATIENT NAME]'s symptoms are alleviated by the soothing presence of [HIS/HER/THEIR] [ANIMAL TYPE], [ANIMAL NAME]. In order to enhance [HIS/HER/THEIR] ability to live independently and cope with these disability-related challenges, [PATIENT NAME] is prescribed the support animal [ANIMAL NAME] to reside with [HIM/HER/THEM] on a full-time basis and accompany [HIM/HER/THEM] in daily activities.

Should you have additional questions regarding the therapeutic benefits of assistance animals for people with disabilities, please do not hesitate to contact me.

Sincerely,

\_\_\_\_\_

Print Name: \_\_\_\_\_

License Number: \_\_\_\_\_

