

# EMOTIONAL SUPPORT ANIMAL (ESA) LETTER

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name of Practice/Business: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ is my patient and has been under my care for a disability since \_\_\_\_\_. \_\_\_\_\_'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, \_\_\_\_\_ faces limitations including \_\_\_\_\_.  
\_\_\_\_\_ 's symptoms are alleviated by the soothing presence of \_\_\_\_\_, \_\_\_\_\_. In order to enhance \_\_\_\_\_ ability to live independently and cope with these disability-related challenges, \_\_\_\_\_ is prescribed the support animal \_\_\_\_\_ to reside with \_\_\_\_\_ on a full-time basis and accompany \_\_\_\_\_ wherever the patient goes.

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: \_\_\_\_\_

