

EMOTIONAL SUPPORT ANIMAL LETTER

To Whom It May Concern:

This letter serves to verify that the individual named below is under my care as a licensed mental health professional and has a diagnosed mental or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). In my professional opinion, the presence of the Emotional Support Animal (ESA) is necessary for the individual's mental health and well-being.

Patient Information:

Full Name: _____
Date of Birth: _____
Address: _____

Emotional Support Animal Information:

Animal Type (e.g., dog, cat): _____
Animal Name: _____
Description (breed, color, size): _____

Professional Certification:

Mental Health Professional's Name: _____
License Type and Number: _____
Issuing State: _____

I certify that I am a licensed mental health professional in the state indicated above, and pursuant to the Fair Housing Act (42 U.S.C. 3601-3619) and the Air Carrier Access Act (49 U.S.C. 41705), this letter verifies the individual's need for an emotional support animal as part of their disability-related treatment.

This letter is valid for the duration of the patient's need as determined by the mental health professional. This letter does not certify the animal as a service animal under the Americans with Disabilities Act (ADA) and does not grant the animal public access rights beyond those provided for emotional support animals.

Mental Health Professional's Signature

Date

Signature: _____

This letter is a confidential document and should only be used for the purposes of obtaining reasonable accommodations under the Fair Housing Act and Air Carrier Access Act. Any alteration or misuse of this letter is prohibited by law.

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