ESA (Emotional Support Animal) Letter Template

Date

Patient Name

Date of Birth

Healthcare Provider

Professional License Number

Issuing State/Province

Practice Name

Practice Address

Phone

Email

Emotional Support Animal Recommendation

To Whom It May Concern,

I am a licensed authorized to practice in . I have been providing professional healthcare services to within the scope of my professional qualifications.

Based on my professional evaluation, the patient has a mental or emotional health condition that substantially affects one or more major areas of daily functioning. As part of the patient's ongoing treatment plan, I have determined that the presence of an emotional support animal is appropriate and may assist in alleviating symptoms associated with the patient's condition.

In my professional opinion, the emotional support animal provides therapeutic emotional support that contributes to the patient's mental or emotional well-being. The recommendation for an emotional support animal forms part of the patient's overall treatment strategy and is intended to support improved daily functioning and emotional stability.

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This recommendation is made solely for the purpose of confirming that the patient has a clinical need for an emotional support animal. It does not certify that the animal has received specialized training to perform tasks or work as a service animal, nor should this letter be interpreted as such.

The patient has informed me that the emotional support animal is identified as follows:

Animal Information	Details
Animal Name	
Species	
Breed	
Age	
Color/Identifying Characteristics	

This letter is based upon the clinical information available to me as of the date of issuance. It reflects my professional judgment at that time and is subject to change if the patient's clinical circumstances materially change.

This letter is intended only to verify the therapeutic recommendation for an emotional support animal. It should not be construed as a determination of eligibility for housing, travel, employment accommodations, or any other legal entitlement. Any accommodation request remains subject to applicable laws, regulations, and the policies of the organization reviewing this letter.

Should verification of this letter's authenticity be required, I may confirm that I authored this document, provided such confirmation is permitted under applicable privacy and confidentiality obligations and the patient has provided any necessary authorization.

Thank you for your attention to this matter.

Sincerely,

Healthcare Provider

Name

Date

Signature

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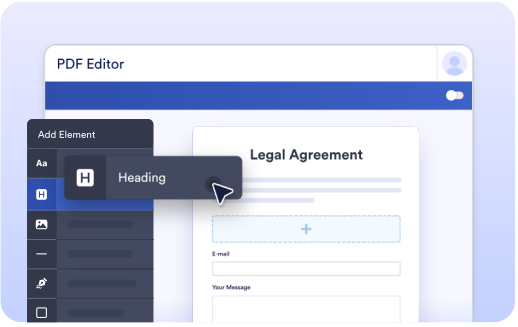
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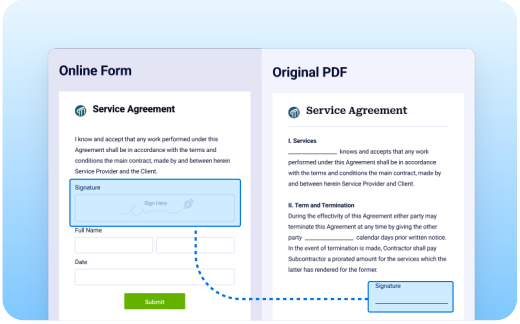
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