

[ USE YOUR OWN LETTERHEAD ]

[ INCLUDE YOUR OFFICE ADDRESS AND CONTACT INFO ]

[ DATE OF ISSUE ]

Re: [ CLIENT'S FULL NAME ]

Dear Housing Provider:

I have completed an assessment of [ CLIENT'S NAME ]'s mental health condition. In my opinion, [ CLIENT'S NAME ] meets the definition of disability under the Americans with Disability Act, the Fair Housing Act, and the Rehabilitation Act of 1973.

Due to this disability and mental health condition, my client is qualified to have (an) emotional support animal(s) under Section 504 of the Rehabilitation Act of 1973 and the Federal Fair Housing Amendments Act of 1988.

[ CLIENT'S NAME ]'s mental health disorder, which is recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) handbook, substantially limits one or more major life activities.

In order to help alleviate these mental health difficulties, and to enhance my client's ability to function and live independently, and to fully use and enjoy the dwelling unit you own and/or administer, I am recommending an emotional support animal(s) that will assist [ CLIENT'S NAME ] in coping with their disability.

The presence of this(these) animal(s) is necessary to mitigate the symptoms my client is currently experiencing as a result of their disability. My client maintains full responsibility for the emotional support animal(s)' behavior and is required to abide by all rules associated with owning an ESA(s).

I am licensed by the state of [ STATE ] to practice [ TYPE OF LICENSE ]. My license number is [ LICENSE NUMBER ].

Sincerely,

[ NAME AND SIGNATURE ]