EMOTIONAL SUPPORT ANIMAL LETTER

Lakeview Therapy

[STREET ADDRESS]
[CITY, STATE, ZIP CODE]
[123-456-7890]

Date

RE: Letter for Companion Emotional Support Animal

To whom it may concern,

I have been treating [Patient's Full Name] since [Date]. Based on my professional assessment, I can confirm that [Patient's Full Name] has a mental or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This condition significantly limits one or more major life activities, and the presence of an Emotional Support Animal (ESA) is necessary for [Patient's Full Name] to manage and mitigate the symptoms associated with this condition.

The presence of this animal has a direct positive impact on [Patient's Full Name]'s mental health, offering comfort, stability, and support that is not otherwise attainable through medication or other traditional forms of therapy alone.

As a result, I recommend that [Patient's Full Name] be allowed to have an ESA with them in housing that may otherwise restrict animals. This recommendation includes, but is not limited to, living situations that typically prohibit pets. The Fair Housing Act (FHA) and the Air Carrier Access Act (ACAA) protect the rights of individuals with disabilities to live and travel with their Emotional Support Animals.

Please feel free to contact me if you require any further information or verification of this ESA recommendation.

Thank you for your understanding and cooperation.

Warm Regards,

Professional's Name
Title

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