



# EMOTIONAL SUPPORT ANIMAL LETTER

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**To Whom It May Concern:**

This letter confirms that [Patient Name] is a patient under my care and has disability disability that qualifies for on emotional support animal.

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**Patient Name:** [Patient Name]

**Date of Birth** [DOB]

**Animal Type:** [Dog/Cat/Other]

**Animal's Name:**

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**Licensed Mental Health Professional:**

Signature

License Number: Date:

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