

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Position]  
[Organization/Company Name]  
[Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to you as a licensed [Your Profession, e.g., psychologist, psychiatrist, licensed clinical social worker] to confirm that [Patient's Name] is under my care for [Condition/Diagnosis].

As part of their treatment, I have recommended that [Patient's Name] have an emotional support animal (ESA) to help alleviate the symptoms of their condition. [Patient's Name] has been diagnosed with [specific mental or emotional condition], which greatly affects their daily life.

[Pet's Name], an [animal type and breed, e.g., dog, cat], has been beneficial in providing emotional support to [Patient's Name]. The presence of [Pet's Name] significantly improves their emotional well-being, assists in reducing anxiety, and reinforces their ability to engage with their treatment plan.

Therefore, I would like to affirm that [Pet's Name] is necessary for [Patient's Name]'s mental health treatment and qualifies as an emotional support animal.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need further information or clarification regarding this recommendation.

Sincerely,

[Your Name]  
[Your Credentials]  
[Your License Number] (if applicable)  
[Your Practice Name, if applicable]