

[Your Name]
[Your Title/Position]
[Your License Number (if applicable)]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name or "To Whom It May Concern"]
[Recipient's Address or "N/A"]
[City, State, Zip Code or "N/A"]

Dear [Recipient's Name or "To Whom It May Concern"],
I am writing to officially verify that [Client's Name] is under my care and has a disability as defined by the Americans with Disabilities Act (ADA). I have determined that an emotional support animal (ESA) is a necessary component of their treatment plan.

[Client's Name] requires the support of their emotional support animal, [Animal's Name], for the following reasons: [briefly outline reasons or conditions, e.g., anxiety, depression, PTSD]. The presence of this animal is essential for their emotional and mental well-being.

This letter serves to confirm that [Animal's Name], [Animal's Breed], is prescribed to [Client's Name] as an emotional support animal. It is important that [he/she/they] be allowed to have this support animal in all housing and public settings as required by law.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you have any questions or require additional information.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]