

[Your Name]
[Your Title/Position]
[Your License/Certification Number]
[Your Practice Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]
Dear [Recipient's Name],

I am writing to formally certify that [Client's Name] is a patient of mine and has been under my care since [Date]. As a licensed [Your Profession], I am qualified to assess the mental and emotional health of my clients.

After thorough evaluation, I have determined that [Client's Name] has a disability as defined by the Americans with Disabilities Act (ADA). This condition substantially limits one or more major life activities for the individual.

In alignment with the Fair Housing Act, I am prescribing an Emotional Support Animal (ESA) to aid in [Client's Name]'s therapeutic process. The presence of an emotional support animal is necessary for their mental wellness and overall quality of life.

Please accommodate [Client's Name] by allowing the [Type of Animal] as their emotional support animal in accordance with applicable laws.

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your License/Certification Credentials]