

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Position]  
[Company/Organization Name]  
[Company/Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Emotional Support Animal Verification

I am writing to verify that [Client's Full Name] is under my care and has been diagnosed with [specific mental/emotional disability]. As part of their treatment, it is my professional opinion that having an Emotional Support Animal (ESA) is beneficial for [Client's Name] and their mental well-being.

[Client's Name] is prescribed an emotional support animal, which assists in alleviating symptoms associated with their condition. This support is essential for their emotional stability and daily functioning.

The animal specified for this support is [Animal Type, Breed, and Name]. It is crucial that [Client's Name] has access to their ESA as it plays a significant role in their mental health care plan.

Should you require any further information or verification, 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 (if sending a hard copy)]  
[Your Printed Name]  
[Your Professional Title]  
[Your License Number]  
[Your Practice/Clinic Name]  
[Practice Address]  
[City, State, Zip Code]