



County Tag# _____
Vaccination Date _____



Digital ESA Tag

EMOTIONAL SUPPORT ANIMAL (ESA) LETTER

Issue Date: _____

Doctor or Professional's Name: _____

Name of Practice / Business: _____

Telephone Number: _____ Email: _____

Address: _____ City _____, Co. (Zip) _____

(ESA Owners Name) _____ (Name of Pet) _____ Dog ___ Cat ___

To Whom It May Concern:

This individual and their pet enrolled in the Barkley's Hope, Roice Hurst ESA program and has been evaluated for a stated condition. Based on the statements made this individual's condition meets the definition of a disability under the Americans with Disabilities Act (42 U.S.C. § 12102.), the Fair Housing Act (42 U.S.C. § 3602), and the Rehabilitation Act of 1973 (29 U.S.C. § 705).

Due to the disabilities stated, this person faces limitations including, _____ and has stated that these symptoms are alleviated by the presence of their companion animal.

This individual states that their companion animal enhances their ability to live independently and cope with these disability-related challenges thus improving their quality of life.

Having no reason to doubt this individual or the statements made to me during today's evaluation,

_____ (Owners Name) is recommended the support animal, identified as

_____ (Animals Name) to reside with them on a full-time basis and accompany them in daily activities as a support animal thereby improving their day-to-day life.

This ESA letter, the ESA program and the ESA Best Practices Workshop are coordinated by Barkley's Hope with veterinary services provided by Roice Hurst Humaine Society. Should you have additional questions regarding the therapeutic benefits of emotional support animals for people with disabilities, please do not hesitate to contact one of these agencies or scan the QR code / Digital ESA Tag in the upper corner for more information

This ESA letter is only valid with current proof of vaccinations; ESA owners must have both.

Dr Signature: _____

License #: _____

ESA Program Administrator _____