

BASIC EMOTIONAL SUPPORT ANIMAL (ESA) LETTER

Date: _____
Doctor or Professional's Name: _____
Name of Practice/Business: _____
Telephone Number: _____
Address: _____
City, State: _____

To Whom It May Concern:

(Pet Owners Name) _____ is my patient and has been under my care for a disability since (Date) _____ and who's diagnosis 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 this disability, (Pet Owners Name) _____ faces limitations including _____.
(Pet Owners Name) _____'s symptoms are alleviated by the soothing presence of their (Animal Type) _____, (Animals Name) _____. To enhance (Pet Owners Name) _____'s ability to live independently and cope with these disability-related challenges, (Pet Owners Name) _____ is prescribed the support animal (Animals Name) _____ to reside with them on a full-time basis and accompany them in daily activities.

Should you have additional questions regarding the therapeutic benefits of assistance animals for people with disabilities, please do not hesitate to contact me.

Sincerely,

Print Name: _____

License Number: _____