

[Licensed Mental Health Professional Letterhead]

Date: [MM/DD/YYYY]

[Recipient's Name/Address]

To Whom It May Concern,

I, [Full Name of Licensed Professional], [License Type and Number], hereby certify that:

1. Patient Information:

- Name: [Patient's Full Name]
- DOB: [Date of Birth]
- Diagnosis: [ICD-10 Code: FXX.X - Brief Description]

2. Treatment Relationship:

- Actively under my care since [MM/YYYY]
- Last consultation: [MM/DD/YYYY]
- Session frequency: [Weekly/Monthly] basis

3. ESA Necessity:

The emotional support animal ([Animal Type]) is an integral part of the patient's treatment plan,

alleviating symptoms of [Diagnosis Name] through:

- Anxiety reduction
- Mood stabilization
- Social interaction facilitation

4. Functional Limitations:

Without the ESA, the patient would experience:

- [Specific Disability-Related Difficulty 1]
- [Specific Disability-Related Difficulty 2]

This prescription is valid until: [MM/DD/YYYY]

Under penalty of perjury, I confirm:

✓ License is active and in good standing

✓ Diagnosis meets DSM-5 criteria

✓ Recommendation complies with Fair Housing Act

Sincerely,

[Signature]

[License Number]

[State of Licensure]

[Contact Information]