

DATE: _____

NAME OF PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

TO: _____

_____, is my patient and has been under my care since _____. I am intimately familiar with his/her history and with the functional limitations imposed by his/her disability. He/She meets the definition of disability under the American with Disabilities Act the Fair Housing Act, and the Rehabilitation Act of 1973.

Due to mental illness, _____ has certain limitations regarding _____. In order to help alleviate these difficulties, and to enhance his/her ability to live independently and to fully use and enjoy the dwelling unit you own and/or administer, I am prescribing an emotional support animal that will assist _____ in coping with his/her disability.

I am familiar with the voluminous professional literature concerning the therapeutic benefits of assistance animals for people with disabilities such as that experienced by _____. Upon request, I will share citations to relevant studies, and would be happy to answer other questions you may have concerning my recommendation that _____ have an emotional support animal. Should you have additional questions, please do not hesitate to contact me.

Sincerely,

Physician Signature

Physician Address

Physician Printed Name

Physician Phone

Physician Email