

PAW CREDENTIALS

Emotional Support Animal Certification Services
Licensed Professional ESA Recommendation Letter

{doctorFirstName} {doctorLastName}

License #: {doctorLicenseNumber}

NPI #: {doctorNpiNumber}

{doctorAddress}

{doctorCity}, {doctorState} {doctorZipCode}

Date: {date}

EMOTIONAL SUPPORT ANIMAL RECOMMENDATION LETTER

To Whom It May Concern:

I am a licensed healthcare professional and I am writing this letter to confirm that my patient, {firstName} {middleName} {lastName}, date of birth: {dateOfBirth}, residing at {address}, {city}, {state} {zipCode}, has been evaluated and is currently under my care. Based on my clinical assessment, it is my professional opinion that the patient has a mental health or emotional disability as recognized under the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This condition substantially limits one or more major life activities.

I am prescribing an Emotional Support Animal (ESA) as part of my patient's treatment plan. The presence of this animal is necessary for the emotional and psychological well-being of my patient and provides therapeutic benefit that alleviates one or more of the identified symptoms or effects of their disability.

Fair Housing Act Protection

Under the Fair Housing Act (42 U.S.C. § 3604), individuals with disabilities are entitled to reasonable accommodations in housing, including the right to keep an Emotional Support Animal regardless of pet restrictions or breed/weight limitations imposed by the housing provider.

PATIENT INFORMATION

Full Name:	{firstName} {middleName} {lastName}		
Date of Birth:	{dateOfBirth}	Phone:	{phone}
Address:	{address}		
City/State/Zip:	{city}, {state} {zipCode}		
Email:	{email}		
ID Number:	{driverLicenseNumber}		

PRESCRIBING PROFESSIONAL

Name:	{doctorFirstName} {doctorLastName}		
License #:	{doctorLicenseNumber}	NPI #:	{doctorNpiNumber}
Address:	{doctorAddress}		
City/State/Zip:	{doctorCity}, {doctorState} {doctorZipCode}		
Phone:	{doctorPhone}		

CERTIFICATION

I certify that I am a licensed healthcare professional authorized to practice in the state of {doctorState}. I have established a therapeutic relationship with the above-named patient and this recommendation is based on my professional clinical judgment. This ESA recommendation letter is valid for twelve (12) months from the date of issuance.

This letter is issued by Paw Credentials | www.pawcredentials.com | info@pawcredentials.com | (866) 405-6820