### ****NOTE FROM MEDICAL SERVICE PROVIDER****

**[Date]**

Dear **[Housing Authority/Landlord]**:

**[Full Name of Tenant]** is my patient, and has been under my care since **[date]**. I am familiar with his/her history and with the functional limitations imposed by his/her disability. Her/she meets the definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 19XX.

Due to a disability, **[first name]** has certain limitations regarding **[social interaction/coping with stress/anxiety, etc.]**. 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 **[first name]** in coping with his/her disability.

I would be happy to answer other questions you may have concerning my recommendation that **[Full Name of Tenant]** have an emotional support animal. Should you have additional questions, please do not hesitate to contact me.

Sincerely,

**[Name of Doctor]
[City, State Zip]**