

*[Date]*

*To Whom It May Concern:*

*I am [Provider Name], a licensed [license type], License #[XXXXX], in the state of [State]. [Tenant Name] is a patient under my care, and I have personal knowledge of their condition. [Tenant Name] has a disability that substantially limits one or more major life activities. Based on my professional assessment, an emotional support [animal type] helps reduce symptoms related to this disability.*

*Please contact my office at [phone/email] to verify this letter.*

*[Signature]*

*[Printed Name, Credentials]*