Emotional Support Animal (ESA) Letter Template - Nevada

Date:	
Therapist's Name:	
Therapist's Address:	
City, State, Zip Code:	
Therapist's Contact Information:	
Therapist's License Number:	

To Whom It May Concern,

I am writing this letter on behalf of my patier	nt [Patient's Full Name:], whom I
have been treating for [Length of Time:] as a licensed [Type of Mental Health
Professional:] in the state of Nevada. My license number is
[License Number: disorders.], and I am qualified to diagnose and treat mental health

[Patient's Full Name:] has been diagnosed with [Specific Mental Health
Condition(s):], which significantly impacts their ability to perform
daily life activities. After thorough evaluation, I h	nave determined that an Emotional Support Animal is a
necessary part of their treatment plan for allevia	ting the symptoms of their mental health condition.

The presence of an Emotional Support Animal will provide therapeutic benefits, including but not limited to alleviating symptoms of [List Symptoms: ______

_____].

The animal will assist [Patient's Full Name: ______] in coping with their condition and enhance their ability to live independently.

Under the Federal Fair Housing Act and the Air Carrier Access Act, individuals with a mental or emotional disability are entitled to reasonable accommodation for Emotional Support Animals in housing and during air travel. [Patient's Full Name: ______] is under my care, and I certify that the Emotional Support Animal is an essential part of their treatment for mental health.

Please consider this letter as a prescription for [Patient's Full Name: ______] to have an Emotional Support Animal. The ESA is not required to undergo specialized training, and its presence alone is a therapeutic benefit to my patient.

Should you have any further questions regarding this recommendation, please feel free to contact me at [Therapist's Contact Information: ______].

Sincerely,

[Therapist's Signature: _____]

[Therapist's Name: _____]

[Date: _____]