



Medical Office of Dr. **Assigned Doctor**

License Type

Address

Number

Current Date

To whom it may concern,

I am a licensed physician who has evaluated John Smith Examination. John is experiencing high levels of stress. John's high stress levels have imposed limitations in her quality of life and daily functioning. John's distress is imposing a negative influence over her lifestyle. In light of John Smith disruptive stress level, I believe her stress is such that John will benefit from having a support animal. The animal will help provide her with a safe and consistent emotional support system. John's Emotional Support Animal will provide her with a constructive soothing stress management solution in order to help keep her calm and to help prevent any possibilities of escalating stress that could cause further complications to her overall wellbeing.

John Smith emotional distress is such that John qualifies for an emotional support animal under the Fair Housing Amendment Act of 1988. In order to help her cope with these difficulties, enhance her ability to function and live independently, and fully use and enjoy the dwelling unit that you own/administer, John should be allowed to keep one cat as her emotional support animal.

Respectfully,

Doctor's signature

Doctor's Name

License Number: #### | Date of License Issued: ##### | State Issued: **State**

ID NUMBER: 1234



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To Whom It May Concern:

John McCall is under my care and I am currently treating her for a psychological disability recognized by the DSM IV-TR. I have diagnosed her with Disorder and ICD-10-CM Code F41.9. Her disability substantially limits at least one major life activity.

It is my professional opinion that the presence of an emotional support animal is necessary to help treat and alleviate John's disorder. I have prescribed John to be able to keep a 12 pound tabby cat named Lexie to serve as her emotional support animal as the primary treatment to address her disability.

Please allow John to be accompanied by her emotional support animal in the cabin of the aircraft, in accordance with the Air Carrier Access Act (49 U.S.C. 41705 and 14 C.F.R. 382).

Respectfully,

Doctor's signature

Doctor's Name

License Number: #### | Date of License Issued: ##### | State Issued: **State**

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