

# Prescription For Emotional Support Animal

\_\_\_\_\_ is my patient, and has been under my care since \_\_\_\_\_. I am intimately  
Name of Client Start Year  
familiar with his/her history and with the functional limitations imposed by his/her emotional situation. He/She meets the definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973, 42 U.S. Code §12102.

It is of my understanding that one or more of the following is experienced by my patient:

- |   |   |                                    |                                      |                                      |
|---|---|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Caring for oneself     | <input type="checkbox"/> seeing             | <input type="checkbox"/> hearing   | <input type="checkbox"/> eating      | <input type="checkbox"/> sleeping    |
| <input type="checkbox"/> communicating          | <input type="checkbox"/> standing           | <input type="checkbox"/> lifting   | <input type="checkbox"/> bending     | <input type="checkbox"/> speaking    |
| <input type="checkbox"/> concentrating          | <input type="checkbox"/> breathing          | <input type="checkbox"/> learning  | <input type="checkbox"/> reading     | <input type="checkbox"/> thinking    |
| <input type="checkbox"/> immune system          | <input type="checkbox"/> walking            | <input type="checkbox"/> working   | <input type="checkbox"/> digestive   | <input type="checkbox"/> bowel       |
| <input type="checkbox"/> neurological           | <input type="checkbox"/> bladder            | <input type="checkbox"/> brain     | <input type="checkbox"/> respiratory | <input type="checkbox"/> circulatory |
| <input type="checkbox"/> reproductive functions | <input type="checkbox"/> normal cell growth | <input type="checkbox"/> endocrine |                                      |                                      |

Having an Emotional Support Animal/Assistance Animal provides an effective coping skill for my patient. It is my recommendation and prescription that their selected animal be allowed to accompany them to places where he/she may have trouble with the issues checked off above. The animal will help alleviate these difficulties, assist with their daily activities of living and to enhance his/her ability to fully enjoy a normal as possible life.

If you have any questions concerning my recommendation for an Emotional Support Animal please submit, in writing, your questions for my review.

Sincerely,

\_\_\_\_\_  
Professionals Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Professionals Name