



DATE \_\_\_\_\_

NAME OF PROFESSIONAL (therapist, physician, psychiatrist, rehabilitation counselor) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

Dear Cheyenne Property Management Group, LLC,

\_\_\_\_\_ is my patient, and has been under my care since \_\_\_\_\_. I am intimately familiar with his/her history and with the functional limitations imposed by his/her disability. He/She meets the definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973.

Due to mental illness, \_\_\_\_\_ 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 \_\_\_\_\_ in coping with his/her disability.

I am familiar with the voluminous professional literature concerning the therapeutic benefits of assistance animals for people with disabilities such as that experienced by \_\_\_\_\_. Upon request, I will share citations to relevant studies, and would be happy to answer other questions you may have concerning my recommendation that \_\_\_\_\_ have an emotional support animal. Should you have additional question, please do not hesitate to contact me.

Sincerely,

[NAME OF PROFESSIONAL]