

# EMOTIONAL SUPPORT ANIMAL LETTER

To Whom It May Concern:

This letter is to certify that the individual named below is a patient under my care, and in my professional opinion, requires the presence of an Emotional Support Animal (ESA) as part of their ongoing treatment for a diagnosed mental or emotional disability as recognized under Canadian law and relevant mental health statutes.

## Patient Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Licensed Mental Health Professional:

Full Name: \_\_\_\_\_

Professional Title and Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

## Emotional Support Animal Information:

Animal Type (e.g., dog, cat): \_\_\_\_\_

Animal Name: \_\_\_\_\_

Breed (if applicable): \_\_\_\_\_

I hereby certify that the patient named above has a mental/emotional disability as defined by Canadian and provincial laws, which substantially limits one or more major life activities. The presence of the Emotional Support Animal is necessary for the patient's mental health and well-being. This ESA provides therapeutic benefit and alleviates symptoms of the patient's disability. The ESA is not a pet, but a prescribed part of the patient's treatment plan.

This letter complies with applicable Canadian laws governing Emotional Support Animals and may be used to support reasonable accommodation requests in housing and travel, subject to restrictions and regulations applicable under the Canadian Human Rights Act and the Accessible Canada Act. This letter does not exempt the patient or ESA from any applicable animal control laws, public health regulations, or other legal requirements.

**Terms and Conditions:**

- The patient must maintain the ESA in control at all times.
- The ESA must be housebroken and well-behaved in public settings.
- This letter is valid only when signed and dated by a licensed mental health professional.
- Misuse of this letter may result in revocation of ESA status and legal consequences.
- This letter does not guarantee access rights beyond those granted by Canadian laws and regulations.

**Licensed Mental Health Professional Signature**

**Patient Signature (Optional)**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Professional License Verification: This letter is issued by a licensed mental health professional in good standing with the relevant Canadian regulatory body. Verification of credentials can be requested at the contact information provided above.

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