



2105 Park Ave Suite 26, Orange Park, FL 32073 904 602 5555.

[www.propertymanagerjacksonville.com](http://www.propertymanagerjacksonville.com)

DATE: \_\_\_\_\_

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

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

Dear COOL REALTY 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.

Name \_\_\_\_\_

Number \_\_\_\_\_

Email \_\_\_\_\_

Sincerely,

This form is provided by the U.S Department of Housing and Urban Development  
<http://search.usa.gov/search?affiliate=housingandurbandevelopment&query=therapy+animal>