**${DATE1}**

**-By requirement of Arkansas House Bill 1420, my therapist is actively licensed in the state of Arkansas:**

**${SIGNATURE}**

**Licensed Mental Health Professional**

**License # ${LICENSE\_NUMBER}**

**-My therapist and I will have established a client-provider relationship for a minimum of 30 days, completed a clinical evaluation regarding the need for an emotional support animal, and established a treatment plan prior to my emotional support animal letter being implemented.**

**-I understand that misrepresenting an animal as a support animal may subject an individual to civil penalties per state and federal law.**

**-I understand that emotional support animals do not have the special training required to qualify as a guide, signal, or service dog, and are not entitled to the rights and privileges accorded by law to a guide, signal, or service dog.**

**-I understand that to adhere to Arkansas House Bill 1420, I must complete a clinical evaluation at least one time a year regarding the need for an emotional support animal.**

**-By signing this document, I hereby acknowledge that I have completely read and fully understand the guidelines above.**

 **${CUSTOM\_DATA}**

**[sig|req|signer2]**

**${TITLE} ${FIRST\_NAME} ${LAST\_NAME}**

**[sig|req|signer1]**

**${SIGNATURE}**

**Licensed Mental Health Professional**

**${STATE} License # ${LICENSE\_NUMBER}**

**CC: Client’s Clinical Chart**