

**Warning:** It is a Federal crime to make materially false, fictitious, or fraudulent statements, entries, or representations knowingly and willfully on this form to secure disability accommodations provided under regulations of the United States Department of Transportation (18 U.S.C. § 1001).



## U.S. Department of Transportation Service Animal Air Transportation Form

Service Animal Handler's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Animal User's Name (if different from Handler): \_\_\_\_\_ Phone: \_\_\_\_\_

Service Animal Handler's Email: \_\_\_\_\_ Animal's Name \_\_\_\_\_

Description of the Animal (including weight): \_\_\_\_\_

### Animal Health

☐ \_\_\_\_\_ is vaccinated for rabies. Date of last vaccination: \_\_\_\_\_ Date vaccination expires in the dog: \_\_\_\_\_  
[Insert Animal's Name]

☐ To my knowledge, \_\_\_\_\_ does not have fleas or ticks or a disease that would endanger people or other animals.  
[Insert Animal's Name]

Veterinarian's Name (signature not required): \_\_\_\_\_ Phone: \_\_\_\_\_

### Animal Training and Behavior

☐ \_\_\_\_\_ has been trained to do work or perform tasks to assist me with my disability.  
[Insert Animal's Name]

Name of Animal Trainer or Training Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ \_\_\_\_\_ has been trained to behave in a public setting.  
[Insert Animal's Name]

☐ I understand that a properly trained dog remains under the control of its handler. I understand that a properly trained dog does not act aggressively by biting, barking, jumping, lunging, or injuring people or other animals. It also does not urinate or defecate on the aircraft or in the gate area.

☐ I understand that if \_\_\_\_\_ shows that it has not been properly trained to behave in public, then the airline may treat  
[Insert Animal's Name]

\_\_\_\_\_ as a pet by charging a pet fee and requiring \_\_\_\_\_ to be transported in a pet carrier.  
[Insert Animal's Name] [Insert Animal's Name]

☐ To the best of my knowledge, \_\_\_\_\_ has not behaved aggressively or caused serious injury to another person/dog.  
[Insert Animal's Name]

If you cannot check the box above, please explain: \_\_\_\_\_

### Other Assurance

☐ I understand that \_\_\_\_\_ must be harnessed, leashed, or tethered at all times in the airport and on the aircraft.  
[Insert Animal's Name]

☐ I understand that if \_\_\_\_\_ causes damage, then the airline may charge me for the cost to repair it, as long as the airline  
[Insert Animal's Name]  
would also charge passengers without disabilities to repair the similar kinds of damage.

☐ I am signing an official document of the U.S. Department of Transportation. My answers are true to the best of my knowledge. I understand that if I knowingly make false statements on this document, I can be subject to fines and other penalties.

Signature of the Service Animal Handler: \_\_\_\_\_ Date: \_\_\_\_\_

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## United States Department of Transportation Service Animal Relief Attestation Form

Service Animal Handler's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Service Animal User's Name (if different Handler): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Estimated Flight Length: \_\_\_\_\_

Flight Date: \_\_\_\_\_ Departure Airport: \_\_\_\_\_ Arrival Airport: \_\_\_\_\_

Check one or both boxes:

☐ \_\_\_\_\_ will not need to relieve itself while on the aircraft.  
[Insert Animal's Name]

☐ \_\_\_\_\_ can relieve itself on the aircraft without creating a health/sanitation issue.  
[Insert Animal's Name]

Describe how \_\_\_\_\_ will refrain from relieving itself, or relieve itself without posing a  
[Insert Animal's Name]  
health/sanitation issue (e.g., the use of a dog diaper):

\_\_\_\_\_  
\_\_\_\_\_

☐ I understand that if \_\_\_\_\_ causes damage, then the airline may charge me for the cost to  
[Insert Animal's Name]  
repair it, as long as the airline would also charge passengers without disabilities to repair the same kind of damage.

☐ I am signing an official document of the U.S. Department of Transportation. My answers are true to the best of my knowledge. I understand that if I knowingly make false statements on this document, I can be subject to fines and other penalties.

Signature of the handler: \_\_\_\_\_ Date: \_\_\_\_\_