

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The estimated burden to complete this form is 15 minutes. The OMB control number for this information collection is 2105-0576. The authority for the collection expires on December 31, 2023.

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 health/sanitation issue (e.g., the use of a dog diaper):
[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 would also charge passengers without disabilities to repair the same kind of damage.
[Insert Animal's Name]

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: _____