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 deplays 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	
Descrip	ption of the Animal (including weight):			
Anima	l Health			
 [Ins	is vaccinated for rabies. Date sert Animal's Name]	of last vaccination:	Date vaccination expires in the do)g:
То	o my knowledge, does [Insert Animal's Name]	not have fleas or ticks	or a disease that would endanger people	e or other animals.
Ve	eterinarian's Name (signature not required):		Phone:	
Anima	l Training and Behavior			
	has been trained to do work or perform tasks to assist me with my disability. [Insert Animal's Name]			
Na	ame of Animal Trainer or Training Organization:		Phone:	
	has been trained to behave in a public setting. [Insert Animal's Name]			
act	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.			
🗌 Iu	Inderstand that ifshows theshows the	hat it has not been prop	erly trained to behave in public, then th	e airline may treat
[Ins	as a pet by charging a pet fee an sert Animal's Name]	d requiring [Insert Animal	to be transported in a pet carrier	
	the best of my knowledge,			
Other .	Assurance			
	understand that must be [Insert Animal's Name]	harnessed, leashed, or t	ethered at all times in the airport and or	n the aircraft.
	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.			
Signatu	ure of the Service Animal Handler:		Date:	