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 |
| Description of the Animal (including weight): | |
| Animal Health | |
| | on: Date vaccination expires in the dog: |
| [Insert Animal's Name] To my knowledge, does not have fleas or [Insert Animal's Name] | ticks or a disease that would endanger people or other animals. |
| Veterinarian's Name (signature not required): | Phone: |
| Animal Training and Behavior | |
| - | tasks to assist mo with my disability |
| has been trained to do work or perform [Insert Animal's Name] | r tasks to assist me with my disability. |
| 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 or act aggressively by biting, barking, jumping, lunging, or injuring per aircraft or in the gate area. | |
| I understand that ifshows that it has not bee [Insert Animal's Name] | en properly trained to behave in public, then the airline may treat |
| | Animal's Name] |
| To the best of my knowledge, has not behav [Insert Animal's Name] | |
| If you cannot check the box above, please explain: | |
| Other Assurance | |
| I understand that must be harnessed, leasher must be harnessed, leasher I understand that must be harnessed, leasher number of the second s | ed, or tethered at all times in the airport and on the aircraft. |
| I understand that if causes damage, then the airl [Insert Animal's Name] would also charge passengers without disabilities to repair the similar | ine may charge me for the cost to repair it, as long as the airline ilar kinds of damage. |
| I am signing an official document of the U.S. Department of Trans understand that ifl knowingly make false statements on this docum | |
| Signature of the Service Animal Handler: | Date: |