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 OMB control number for this information collection is	
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).	
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U.S. Department of Transportation Service Animal Air Transportation Form	
Service Animal Handler's Name:	Phone:
	ller): Phone:
Service Animal Handler's Email:	Animal's Name
Animal Health	
[Insert Animal's Name] is vaccinated for rabies.	Date of last vaccination: Date vaccination expires in the dog:
☐ To my knowledge,	does not have fleas or ticks or a disease that would endanger people or other animals.
[Insert Animal's Name]	74
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	

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: 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. shows that it has not been properly trained to behave in public, then the airline may treat I understand that if [Insert Animal's Name] as a pet by charging a pet fee and requiring to be transported in an FAA-approved pet carrier. [Insert Animal's Name] [Insert Animal's Name] has not behaved aggressively or caused serious injury to another person/dog. To the best of my knowledge, [Insert Animal's Name] If you cannot check the box above, please explain: Other Assurance must be harnessed, leashed, or tethered at all times in the airport and on the aircraft. I understand that [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. Date: Signature of the Service Animal Handler: