

Medical/Mental Health Professional Form Customer Information

Customer Name:	Davidoff	Samuel		
	Last	First		M.I.
Customer Email Add	ress: samjdav:	idoff@gmail.com		
Animal Type: Dog				
Animal Breed: Bos	ton Terrier			
Animal Weight:	191bs	Animal Height:		
	Medical/M	lental Health Professional	Inform	nation
Date and Type of Medical License:	LCSW 02/03/2	2016 # 084025		
National Provider Identifier (NPI):	1821387960			
State or Jurisdiction Where License is Issued:	New York		Phone:	802-734-6792
Name of Practice:	Privat	te Practice/Thriveworks		
Name (printed):	Amy Gillesp	ie		
Physician/Healthcare Provider Signature:	any Jule	spie	Date:	09/06/2018
Note: Form must be	dated within one y	ear from the date of your outbound/i	initial flig	ht.
I am a licensed medi treating this patient's		•		
I certify that this patie Disability listed in the Manual of Mental Dis my care for that men	e Diagnostic and St sorders and is curr	atistical ently under YES		

- All completed and signed documents must be sent by the customer through a service request utilizing this link: **ESAN Form Submission**
- All documents are required to be submitted at least 48 hours prior to travel.
- By submitting this form, the customer consents to JetBlue's Privacy Policy. https://www.jetblue.com/legal/privacy/
- Customer must bring and retain the original forms in your possession for your entire journey. All forms may need to be provided to a JetBlue Crewmember for review.
- Customer may only travel with one Emotional Support Animal.
- Your animal must be assessed as fit for air travel at the airport by a JetBlue crewmember.



Customer Confirmation of Emotional Support/Psychiatric Service Animal Behavior

Customer Name (Print): _Samuel David	off	
Animal Name: Barry		
Animal Type: Dog		
Animal Breed: Boston Terrier		
Animal Weight:	Animal Height:	
	and well-being of our customers, crewmemb e Health Professional Form, Animal Behavior	
Please check the boxes to confirm (al	l boxes must be checked):	
☑ I confirm that this animal has been upon command.	n trained to behave appropriately in a public s	etting and takes my direction
	haves inappropriately, it will be considered un ill be removed from the aircraft and JetBlue's	
	ithin my own personal space/within the seat seats eats to allow more space for their animal).	space I purchased (customer
	t occupy any seat (animal must remain on the nt throughout the flight if size requirements p	
✓ I take full responsibility for the saf interactions with other animals ar	ety, well-being and conduct of this animal, inc id/or individuals.	cluding the animal's
	or its customers any loss, injury, damage or eccept liability for any such loss, injury, damage	
international travel to the United S has requirements, including but n	alth of Puerto Rico, the State of Hawaii, foreig states have specific pet travel requirements ar ot limited to size limitations, and breed/specie	nd that JetBlue's pet policy
Customer Signature:		Date: <u>09/06/2018</u>
Customer Phone #: 415-728-3974		
Customer Email Address: _samjdavido	ff@gmail.com	

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Veterinary Health Form

Customer Name (Print): Samuel Davidhoff
Animal Name: Barry
Animal Type: Canine
Animal Breed:Boston Terrier
Animal Weight: Height:
Veterinarian's Name: Karen Lantrip DVM CA 21267
Veterinarian's License Number:
License date of expiration: 01/22/2019
Location where license issued: California
Please fill in all information:
This animal was last examined by me on09/07/2018
At the time of this physical examination, the animal appeared to be free of infectious or
contagious diseases that would endanger other animals or public health. YES $_$ NO $_$
The animal is current as of the date of the form for the following vaccinations:
Rabies Vaccine (if applicable to this type of animal: Date given:09/07/2018 Valid through:09/07/2021
The animal's owner has represented to me (choose one):
The animal has not bitten, scratched or otherwise injured or attacked any person.
☐ The animal has bitten, scratched or otherwise injured or attacked a person. The situation leading to the bite scratch of injury was described as follows:
Veterinarian Signature: Karen Lautrib Date: 09/07/2018
Veterinarian Phone #: 619-481-3007
Veterinarian Email Address:sandiegobayanimahospital@gmail.com

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