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:		
Ser	rvice Animal User's Name (if different from Hand	dler):	Phone:		
Ser	vice Animal Handler's Email:		Animal's Name	e	
De	scription of the Animal (including weight):				
An	imal Health				
	is vaccinated for rabies.	Date of last vaccination: _	Date vaccination expires in the dog:	:	
	To my knowledge,[Insert Animal's Name]	does not have fleas or ticks	or a disease that would endanger people o	or other animals.	
	Veterinarian's Name (signature not required):	:	Phone:		
An	imal Training and Behavior				
	has been trained to do work or perform tasks to assist me with my disability.				
		Phone: Phone: 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 ifshows 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.				
	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 exp	plain:			
Ot	her Assurance				
	I understand that mu [Insert Animal's Name]	ist be harnessed, leashed, or	tethered at all times in the airport and on t	he aircraft.	
	I understand that if cause [Insert Animal's Name] would also charge passengers without disabi	-		ong as the airline	
	I am signing an official document of the U.S. Department of Transportation. My answers are true to the best of my knowledge. understand that if I knowingly make false statements on this document, I can be subject to fines and other penalties.				
Sig	nature of the Service Animal Handler:		Date:		
				_	

SUBMISSION OF THIS FORM INDICATES CONSENT WITH AIR CANADA'S PRIVACY POLICY. Other documentation may be required for travel entering or exiting an international destination.