



MEDICAL/MENTAL HEALTH PROFESSIONAL FORM

MEDICAL DEPARTMENT

MONDAY TO FRIDAY:

6 a.m. – 10 p.m. ET

SATURDAY TO SUNDAY:

6 a.m. – 8 p.m. ET

EMAIL:

acmedical@aircanada.ca

TEL: **1-800-667-4732** (Toll-free from North America)
1-514-369-7039 (Long distance charges apply)

FAX: **1-888-334-7717** (Toll-free from North America)
1-514-828-0027 (Long distance charges apply)

To ensure an efficient process, please complete and submit the following **three (3)** forms to **acmedical@aircanada.ca** at least **96 hours in advance of travel**:

- Acknowledgement and Confirmation of Behaviour Form
- Medical/Mental Health Professional Form
- Veterinary Health Form

Please ensure to keep the completed original forms with you at all times while travelling.

Please note that should the forms not be provided at least 96 hours in advance of travel, your emotional support dog may be refused travel at the airport.

This form must be:

- I. Completed by a licenced medical/mental health professional (e.g. psychiatrist, psychologist, licenced clinical social worker, or medical doctor) who is **specifically treating** your mental or emotional disability.
- II. Dated within one year of your departure date.



PASSENGER AND DOG INFORMATION

PASSENGER SURNAME	FIRST NAME
DOG'S NAME	BREED

By signing this form, I confirm that I have an ongoing professional relationship with the medical/mental health professional identified on page 2 and that all information I have provided is complete, true, and accurate to the best of my knowledge.

SIGNATURE	DATE
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Please note: The following section needs to be filled out by your health professional. You can either save and send the form electronically or print it to be filled out by hand. Duly completed forms must be emailed to acmedical@aircanada.ca

MEDICAL/MENTAL HEALTH PROFESSIONAL INFORMATION

NAME		NAME OF PRACTICE	
ADDRESS			TELEPHONE
LICENCE NUMBER	DATE LICENCE ISSUED	PROVINCE/STATE WHERE LICENCE ISSUED	

I am a licensed medical/mental health professional treating the mental or emotional disability of the patient identified on page 2.

I certify that this patient has a mental health-related disability listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and is currently under my care for that mental health-related disability.

I have prescribed treatment that requires the dog identified to accompany the above-named individual during travel to accommodate this individual's mental or emotional disability.

I confirm that this individual is aware that their dog must remain inside the animal carrier at all times in the aircraft cabin during flight.

By signing this form, I understand that I am providing information which Air Canada will use to determine my patient's ability and/or accommodations needed to travel safely. I accordingly certify that all information I have provided is complete, true, and accurate to the best of my knowledge.

MEDICAL/MENTAL HEALTH PROFESSIONAL SIGNATURE	DATE
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SUBMISSION OF THESE FORMS INDICATES CONSENT WITH AIR CANADA'S PRIVACY POLICY.
Other documentation may be required for travel entering or exiting an international destination.

CLEAR FORM