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).

United States Department of Transportation Service Animal Relief Attestation Form

Service Animal Handler’s Name ___________________________ Phone: ______________________

Service Animal User’s Name (if different Handler): __________________________ Phone: ______________________

Email: ____________________________________________________________

Animal’s Name: __________________________ Estimated Flight Length: ______________________

Flight Date: ___________ Departure Airport: ___________ Arrival Airport: ___________

Check one or both boxes:

☐ [Insert Animal’s Name] will not need to relieve itself while on the aircraft.

☐ [Insert Animal’s Name] can relieve itself on the aircraft without creating a health/sanitation issue.

Describe how [Insert Animal’s Name] will refrain from relieving itself, or relieve itself without posing a health/sanitation issue (e.g., the use of a dog diaper):

________________________________________________________________________

☐ I understand that if [Insert Animal’s Name] causes damage, then the airline may charge me for the cost to repair it, as long as the airline would also charge passengers without disabilities to repair the same kind 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.

Signature of the handler: ___________________________ Date: ______________________