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:

Service Animal Handler's Name (if different from Handler):   Phone*:*

Service Animal Handler's Email: Animal's Name:

Description of the Animal (including weight):

Animal Health

_____ is vaccinated for rabies.   Date of las vaccination:
Animal's name

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.
      Animal's name

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.
Animal's name

Name of Animal Trainer or Training Organization: Phone:

☐ _____ has been trained to behave in a public setting.
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.e defecate on aircraft in gate area.

☐ I understand that if _____ shows that it has not been properly trained to behave in public, then the

Animal's name

airline may treat _____ as a pet by charging a pet fee

Animal's name

and requiring _____ to be transported in a pet carrier.

Animal's name

☐ To the best of my knowledge, _____ has not behaved aggressively or caused serious injury to

Animal's name

another person/dog. If you cannot check the box above, please explain:

Other Assurance

☐ I understand that _____ must be harnessed, leashed, or tethered at all times in the airport and on the aircraft.

Animal's name

☐ I understand that if _____ causes damage, then the airline may charge me for the cost to repair it, as long

Animal's name

as the airline would also charge passengers without disabilities to repair the similar kinds of damage.

U.S. Department of Transportation Service Animal Relief Attestation Form
(only for flights of more than 8h of length)

Estimated Flight Length: Flight Date: Departure Airport:

Arrival Airport:

☐ _____ will not need to relieve itself while on the aircraft.

Animal's name

☐ _____ can relieve itself on the aircraft without creating a health/sanitation issue.

Animal's name

Describe how _____ will refrain from relieving itself, or relieve itself without posing a

Animal's name

health/sanitation issue (e.g., the use of a dog diaper):

☐ I understand that if _____ causes damage, then the airline may charge me for the cost to repair it,

Animal's name

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:

By fulfilling this form, you agree to the use of personal information in connection with travel. See our privacy policy **iberia.com/ es/privacy-infor-mation/** for more information.