

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 relief attestation form

Service Animal Handler's Name: _____ Phone: _____

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

Email: _____

Animal Name: _____ Estimated Flight Length: _____

Flight Date: _____ Departure Airport: _____ Arrival Airport: _____

Check one or both boxes:

_____ 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.
(Insert Animal's Name)

Describe how _____ will refrain from relieving itself, or relieve itself without posing a health/sanitation issue
(Insert Animal's Name) (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, as long as the airline would
(Insert Animal's Name)
also charge passengers without disabilities to repair the similar kinds 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: _____