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 deplays 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

Serv	rice Animal Handler's Name:	Phone:	
		ller): Phone:	
Service Animal Handler's Email: Animal's Name			
Desc	cription of the Animal (including weight):		
Animal Health			
	is vaccinated for rabies.  [Insert Animal's Name]	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 or other animals.	
	Veterinarian's Name (signature not required):	Phone:	
Anir	mal Training and Behavior		
	has been trained to do work or perform tasks to assist me with my disability.  [Insert Animal's Name]		
Name of Animal Trainer or Training Organization: Phone:		ation: 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 ifshe	ows that it has not been properly trained to behave in public, then the airline may treat	
	as a pet by charging a pet [Insert Animal's Name]	fee and requiringto be transported in a pet carrier.  [Insert Animal's Name]	
	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 explain:		
	er Assurance		
		ast be harnessed, leashed, or tethered at all times in the airport and on the aircraft.	
	I understand that if 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 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.			
Sign	ature of the Service Animal Handler:	Date:	

Submit this form at least 48 hours before your flight.

By submitting this form, you agree to the use of personal information in connection with travel. See our privacy policy https://contourairlines.com/legal/privacy-policy for more information.