



REQUEST FOR TRANSPORT-EMOTIONAL SUPPORT DOG

PASSENGER INFORMATION

Passenger Last Name	<input type="text"/>	Departure Date	<input type="text"/>
First Name	<input type="text"/>	Return Flight Date	<input type="text"/>
Departure Airport	<input type="text"/>	Booking number	<input type="text"/>
Arrival Airport	<input type="text"/>	Phone (+ area code)	<input type="text"/>
Email	<input type="text"/>		

Please acknowledge responsibility for the following by initialing the box shown:

Initial

Compliance with all Air Transat policies, requirements and regulations on airtransat.com.

Compliance with governmental and entry/exit requirements on departure, arrival and transit.

*Note: Any fees or charges for entry or exit requirements or arrangements, fines or other are the passengers responsibility.
Many countries require advanced notice for entry.*


Compliance with leashing or harnessing, restraint and control of my dog at all times.

Compliance with age, health and behavioural requirements.

Confirmation that this dog has been trained to behave in public settings and takes direction.

Confirmation that toileting requirements will be managed and sanitary.

Confirmation that all information regarding my emotional support dog is valid and true.

I authorize Air Transat to retain this information for 3 years electronically  Yes
No

It is the passenger's responsibility to confirm how far in advance of departure they should arrive at the terminal and to allow sufficient time for check-in, boarding, and individualized safety briefings or orientations, if required

Passenger signature Date

**Thank you for returning this form at time of booking to: request@airtransat.com
Please present a printed copy of this form at each departure airport**



REQUEST FOR TRANSPORT-EMOTIONAL SUPPORT DOG

VETERINARY PROFESSIONAL AND ANIMAL INFORMATION

Veterinary Professional License Information

License Number

Province of issuance

Name of practice

Name

Phone

Date of last visit

Dog's name

Sex

Breed

Age

Microchip

Rabies tag #

Date of rabies vaccine

Valid until

Dog must be over 6 months of age in order to travel as an ESA.

Rabies vaccination must be valid in order to travel.

Dog's Information

Weight kg
or lbs

Length (nose to base of tail) cm
or in

Height (floor to top of head) cm
or in

Date

Signature of Veterinary Professional

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MEDICAL / MENTAL HEALTH PROFESSIONAL INFORMATION

This form must be completed by a licensed mental health professional or Physician and submitted at the time of booking but no later than 48 hours prior to departure. You may submit a separate letter only if it includes all of the information below, is on letter head, and includes the signature of the Doctor or licensed mental health professional.

To be completed by the Medical / Mental health professional or Physician

Passenger Last Name First Name

Mark check box to confirm:

Check

I am a licensed mental health professional or Physician who is currently treating the passenger listed above

I confirm that the passenger has a mental health disability / medical condition in accordance with the Diagnostic and Statistical Manual of Mental disorders

I confirm that the passenger requires that an (emotional support) dog accompany them when travelling onboard an aircraft

As this is a static condition, I authorize Air Transat to consider this approval for a period of up to 3 years from this date.

Medical / Mental Health Professional's License Information

License Number Name

Date license issued Phone

Province of issuance Date

Name of practice

Signature

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