

REQUEST FOR TRANSPORT-EMOTIONAL SUPPORT DOG

PASSENGER INFORMATION

	nal Support dogs must be pr	re-a	ted at the time of booking bu pproved by Air Transat's Requ the airport.			
Passenger Last Name			Departure Date			
First Name			Return Date			
Departure Airport			Booking number			
Arrival Airport			Phone			
Email						
Please acknowledge respon	sibility for the following by	/ ini	tialing the box shown:	ı	nitial	
Compliance with all Air Tran	sat policies, requirements a	nd ı	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 co	ontr	ol of my dog at all times.			
Compliance with age, health and behavioural requirements.						
Confirmation that my dog ha		n pu	blic settings, takes direction, a	and is capable of travelling		
Acknowledgment that a beh during which my dog's obed 1- My dog will be required to 2- My dog will be required to	ience to the following comn o stay at its position upon co	nan omr	nand	ounter,		
-	d with air travel. If concerns o travel as a pet in a carrier (are	ht the airport from check-in to observed, your dog may not labin or checked	_		
			to 12kg may travel at my feet ance for dogs weighing over 1			
Confirmation that toileting r	equirements will be manage	ed a	and sanitary.			
Confirmation that all inform	ation regarding my emotion	nal s	upport dog is valid and true.			
I authorize Air Transat to ret	tain this information for 3 ye	ears	electronically	Yes		
	· ·		rance of departure they should alized safety briefings or orien		d	
			_			
Passenger signature		_	Date			
Thank you	u for returning this form at	tim	e of booking to: request@ai	rtransat.com		
Please present a printed copy of this form at each departure airport						



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VETERINARY PROFESSIONAL AND ANIMAL INFORMATION

This form must be completed by a licensed verterinary professional 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 veterinary professional. **Veterinary Professional License Information** License Number Name Province of issuance Phone Name of practice Date of last visit Dog's name Microchip Sex Rabies tag # Breed Date of rabies vaccine Valid until Age Colour Dog must be over 6 months of age in order to travel Rabies vaccination must be valid in order to travel. as an ESA. **Dog's Information** Weight kg Height (floor to top of head) lbs or Length (nose to base of tail) cm in Date Signature of Veterinary Professional 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



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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		Passenger First Nar	me		
Mark check box to confi	rm:		Che		
I am a licensed mental he	ealth professional o	r Physician who is currently treating	g the passenger listed above		
I confirm that the passen and Statistical Manual of	_	ealth disability / medical condition i	in accordance with the Diagnostic		
I confirm that the passen aircraft	nger requires that ar	n (emotional support) dog accompa	any them when travelling onboard an		
As this is a static conditic date.	on, I authorize Air Tr	ansat to consider this approval for	a period of up to 3 years from this		
Medical / Mental Health	n Professional's Lice	ense Information			
License Number		Name			
Date license issued		Phone			
Province of issuance		Date			
Name of practice					
Signature					