

APPENDIX C: CONSOLIDATED DOT FORM

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).

United States Department of Transportation Service Animal Air Transportation Form

Service Animal Handler Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Animal Identification Information

Name / Number or Other Identification	Breed—common or scientific name	Color, Distinctive Marks, Microchip	Sex (M, F, MN, FS)	Weight (lbs.)	DOB (MM/YY)

Check the following boxes to certify and complete the following information:

I certify that my animal has been individually trained to do work or perform tasks to assist me with my disability and has been trained to behave well in a public setting without aggression towards humans or other animals.**

I certify that I have proof that the following accredited organization trained my service animal or evaluated my service animal to validate its training:

Name: _____ Phone: _____

I understand that my animal must be harnessed, leashed, or tethered.

I understand that if my service animal engages in disruptive behavior that shows that it has not been successfully trained to behave properly in a public setting, the airline may treat the animal as a pet in accordance with the airline’s pet transportation policies or deny boarding.

I understand that airlines may charge passengers with disabilities traveling with service animals for the costs to repair any damage caused by a passenger’s service animal so long as the airline charges passengers without disabilities for the same kind of damage.

I understand that I am committing fraud by knowingly making false statements to secure disability accommodations provided under regulations of the U.S. Department of Transportation.

I certify that my animal is vaccinated for rabies: Rabies Vaccination Expiration Date: _____

Veterinarian Name: _____ Phone: _____

License No.: _____ State: _____

A service animal handler must have proof of vaccination on-hand while traveling.

Service Animal Handler Signature: _____ Date: _____

Important Information for Service Animal Handlers

- This form is valid for the earlier of the date of vaccination expiration or three years from the date of signing.
- Certain states (e.g., Hawaii) and foreign jurisdictions may require additional documentation for entry.
- By submitting this form, you agree to the airline’s use of the information provided on this form, consistent with the airline’s privacy policy, in connection with your travel.

** A service animal that is trained to behave in a public setting will remain under the control of its handler. It does not run freely around an aircraft or an airport gate area, bark or growl repeatedly at other persons on the aircraft, bite, jump on, or cause injury to people, or urinate or defecate in the cabin or gate area. An animal that engages in such disruptive behavior shows that it has not been successfully trained to behave properly in a public setting, and airlines are not required to treat it as a service animal, even if the animal performs an assistive function for a passenger with a disability.

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 OMB control number for this information collection is _____.