



Psychiatric/Therapeutic/Emotional Support Animal Instructions

All forms must be completed before submission.

General information:

United requires a passenger who is a qualified individual with a disability within the meaning of Department of Transportation Rules (Part 382) who wishes to fly with a psychiatric service or emotional support animal to obtain and submit documentation: 1) from a licensed medical/mental health professional, 2) from a licensed veterinary professional and 3) a Passenger Confirmation of Liability and Emotional Support/Psychiatric Service Animal Behavior.

- These forms are valid for one year from the date of the earliest of the signed authorizations and must be submitted at least 48 hours before each trip, ideally well in advance of travel.
- Other documentation may be required for travel entering or exiting an international location or Hawaii.
- Animals must be properly controlled. If an animal kennel or other carrier will be used, it must meet the USDA guidelines and fit under the aircraft seat.

Instructions:

Passenger: Please submit completed forms as soon as possible to the United Airlines Accessibility Desk by email (uaaeromed@united.com) including first departure date and the flight confirmation (a six-character alphanumeric code) in the subject line. Documentation must be received no later than 48 hours prior to travel for documentation verification. Please retain the original forms in your possession while traveling and be prepared to present them to airline representatives if requested.

Note: With respect to an animal used to assist a qualified individual with a disability, the animal must be trained to behave appropriately in a public setting. Animals found not to have been trained to behave will only be accepted in accordance with United's current pet policies or may be denied boarding.

Emotional Support/Psychiatric Service Animal Request

<i>Initial</i>	Must be completed by a licensed mental health professional (e.g. psychiatrist, psychologist, licensed clinical social worker) including a medical doctor specifically treating the passenger's mental or emotional disability (Note: In completing this form, please refer to definitions below.)
	Passenger/patient name (<i>print</i>): _____
	Animal type: _____ Animal breed: _____
_____	I certify that the passenger has a mental or emotional disability* listed in the Diagnostic and Statistical Manual of Mental Disorders.
_____	I am a licensed medical/mental health professional currently treating the passenger's mental or emotional disability.
_____	The passenger is under my current and ongoing professional care.
_____	I have <i>prescribed</i> treatment that requires the animal identified above to accompany the passenger to accommodate his/her mental or emotional disability in the following manner (check one only): _____ outside of a kennel or carrier in the aircraft cabin during flight _____ inside of a kennel or carrier in the aircraft cabin during flight _____ at the passenger's final destination only (need not be transported in aircraft cabin)
	<i>Medical/mental health professional's license information:</i> Date and type of the license: _____ License Number: _____ State or other jurisdiction in which license was issued: _____
	Your name (<i>print</i>): _____ Signature and date: _____ Business phone contact: _____ Business email contact: _____

Definitions – As used on this form, the following terms have the meanings indicated:

*A *mental or emotional disability* means a mental impairment that, on a permanent or temporary basis, substantially limits one or more major life activities (see definition below), and includes any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities, including but not limited to such conditions as emotional illness, drug addiction, and alcoholism.

Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Passenger Confirmation of Liability and Emotional Support/Psychiatric Service Animal Behavior

<i>Initial</i>	Must be completed by passenger
	Passenger name (<i>print</i>):
	Animal Type: _____ Animal Breed: _____ Weight if over 20 pounds only: _____
_____	I am not aware of any reason to believe that this animal would pose a direct threat to the health or safety of others.
_____	I am not aware of any reason to believe that this animal would cause a significant disruption to service in an aircraft cabin.
_____	I am not aware of any reason to believe that this animal would be too large or heavy to be accommodated under the seat/foot space onboard a typical airline aircraft.
_____	<i>If outside of a kennel.</i> - this animal takes direction upon my command and will remain under my control at all times, and - I confirm that this animal has been trained to behave properly in a public setting.
_____	I understand that if my animal acts inappropriately or exhibits unsafe or untrained behavior, United Airlines may only accept it in accordance with its current pet policies, may deny the animal boarding, and/or remove it from the aircraft.
_____	I assume full responsibility for the safety, well-being, and conduct of my animal, including the interaction of the animal with crew and other passengers or passenger property that may come in contact with the animal while on board the aircraft, and for compliance with all UA and governmental requirements, regulations, or restrictions, including entry permits and required health certificates of the country, state, or territory from and/or to which the animal is being transported. By failing to comply if I cause United Airlines or its passengers any loss, damage, or expense of any kind, I consent and acknowledge that I will reimburse it for any such loss, damage, or expense. Signature and date: Phone contact: Email contact:

Veterinary Health Form

<i>Initial</i>	Must be completed by a licensed veterinary professional
	Passenger/patient name (<i>print</i>)
	Animal Type: _____ Animal Breed: _____ Animal Weight (if over 20 pounds): _____
_____	The animal is current as of the date of this form for the following vaccinations: Rabies Vaccine (if applicable to this type of animal) Date given: _____ _____ Distemper Vaccine (if applicable to this type of animal) Date given: _____
_____	I am not aware of any reason to believe that this animal would pose a direct threat to the health or safety of others.
	What measures, if any, would be helpful to safely carry this animal in the aircraft cabin: (please check all that apply) a. Kennel b. Muzzle c. This animal should <u>only</u> travel in cargo hold. d. Other: _____
	<i>Veterinary professional's license information:</i> Date and type of the license: _____ License Number: _____ State or other jurisdiction in which license was issued: _____
	Your name (<i>print</i>): Signature and date: Business phone contact: Business email contact: