

# United States Department of Transportation Air Transportation Service Animal Health Form

## 1. HANDLER'S NAME, ADDRESS, TELEPHONE NUMBER & EMAIL

## 2. ANIMAL IDENTIFICATION INFORMATION



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).

NAME AND/OR NUMBER OR OTHER IDENTIFICATION	BREED-COMMON OR SCIENTIFIC NAME	AGE OF DOG	SEX (M, F, MN, FS)	COLOR, DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION TYPE (e.g. live or inactive), BRAND NAME, SERIAL NUMBER, AND MANUFACTURER, DATE OF EXPIRATION	VACCINATION DATE	VACCINATION EXPIRATION DATE (date the vaccine expires in the dog)
(1)							
(2)							

## 3. REMARKS OR ADDITIONAL CERTIFICATION COMMENTS

## 4. VETERINARY CERTIFICATION:

- To my knowledge this animal described above has not exhibited aggressive behavior or caused serious injury to other persons or animals (if you are unable to check this box, please provide an explanation in section 3 of this document).
- I certify that I have inspected the animal (s) described above on this date and the animal appears to be free of any pests, e.g. fleas and ticks, and is/are not showing signs of infectious, contagious and/or communicable diseases, which would endanger people or other animals or would endanger public health.
- To my knowledge, the animal (s) described above has/have not been exposed to rabies.

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

LICENSE NUMBER AND STATE

SIGNATURE OF ANIMAL HANDLER

DATE

SIGNATURE OF VETERINARIAN

DATE

DOT FORM \_\_\_\_\_

THIS CERTIFICATE IS VALID ONE YEAR AFTER SIGNATURE