



Medical/Mental Health Professional Form Customer Information

Customer Name: _____
Last First M.I.

Customer Email Address: _____

Animal Type: _____

Animal Breed: _____

Animal Weight: _____ Animal Height: _____

Medical/Mental Health Professional Information

Date and Type of
Medical License: _____

National Provider
Identifier (NPI): _____

State or Jurisdiction
Where License is
Issued: _____ Phone: _____

Name of Practice: _____

Name (printed): _____

Physician/Healthcare
Provider Signature: _____ Date: _____

Note: Form must be dated within one year from the date of your outbound/initial flight.

I am a licensed medical/mental health professional
treating this patient's mental or emotional disability: **YES**
☐

I certify that this patient has a mental health-related
Disability listed in the Diagnostic and Statistical
Manual of Mental Disorders and is currently under
my care for that mental health-related disability: **YES**
☐

- All completed and signed documents must be sent by the customer through a service request utilizing this link:
ESAN Form Submission
- All documents are required to be submitted at least 48 hours prior to travel.
- By submitting this form, the customer consents to JetBlue's Privacy Policy. <https://www.jetblue.com/legal/privacy/>
- Customer must bring and retain the original forms in your possession for your entire journey.
All forms may need to be provided to a JetBlue Crewmember for review.
- Customer may only travel with one Emotional Support Animal.
- Your animal must be assessed as fit for air travel at the airport by a JetBlue crewmember.



Customer Confirmation of Emotional Support/Psychiatric Service Animal Behavior

Customer Name (Print): _____

Animal Name: _____

Animal Type: _____

Animal Breed: _____

Animal Weight: _____ Animal Height: _____

JetBlue's highest priority is the safety and well-being of our customers, crewmembers and animals traveling with us. All customers must submit the Health Professional Form, Animal Behavior Form and Veterinarian Health Form.

Please check the boxes to confirm (all boxes must be checked):

- ☐ I confirm that this animal has been trained to behave appropriately in a public setting and takes my direction upon command.
- ☐ I understand that if this animal behaves inappropriately, it will be considered unacceptable for travel and will be refused transport and/or will be removed from the aircraft and JetBlue's pet policy and fees will apply.
- ☐ I confirm that this animal will fit within my own personal space/within the seat space I purchased (customer may elect to purchase additional seats to allow more space for their animal).
- ☐ I confirm that this animal shall not occupy any seat (animal must remain on the floor or, entirely in your lap if no larger than a lap infant throughout the flight if size requirements permit).
- ☐ I take full responsibility for the safety, well-being and conduct of this animal, including the animal's interactions with other animals and/or individuals.
- ☐ Should this animal cause JetBlue or its customers any loss, injury, damage or expense of any kind, I consent and acknowledge that I accept liability for any such loss, injury, damage or expense.
- ☐ I understand that the Commonwealth of Puerto Rico, the State of Hawaii, foreign countries, and inbound international travel to the United States have specific pet travel requirements and that JetBlue's pet policy has requirements, including but not limited to size limitations, and breed/species restrictions.

Customer Signature: _____ Date: _____

Customer Phone #: _____

Customer Email Address: _____

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Veterinary Health Form

Customer Name (Print): _____

Animal Name: _____

Animal Type: _____

Animal Breed: _____

Animal Weight: _____ Height: _____

Veterinarian's Name: _____

Veterinarian's License Number: _____

License date of expiration: _____

Location where license issued: _____

Please fill in all information:

This animal was last examined by me on _____

At the time of this physical examination, the animal appeared to be free of infectious or contagious diseases that would endanger other animals or public health. YES____ NO ____

The animal is current as of the date of the form for the following vaccinations:

Rabies Vaccine (if applicable to this type of animal:

Date given: _____ Valid through: _____

The animal's owner has represented to me (choose one):

- ☐ The animal has not bitten, scratched or otherwise injured or attacked any person.
- ☐ The animal has bitten, scratched or otherwise injured or attacked a person. The situation leading to the bite scratch of injury was described as follows: _____

Veterinarian Signature: _____ Date: _____

Veterinarian Phone #: _____

Veterinarian Email Address: _____

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