

Psychiatric/Therapeutic/Emotional Support Animal Authorization

General Information:

Pursuant to the Department of Transportation (DOT) guidance for the carriage of service animals, United requires a passenger with a qualified disability traveling with a psychiatric/therapeutic/emotional support type animal to obtain documentation from their medical/mental health professional.

- This form is valid for one year from the date the licensed medical or mental health professional treating the person has signed this form.
- Other documentation may be required for travel entering or exiting an international location.
- Service animals must be properly harnessed for the duration of the flight. Small animals may remain in the passengers lap during the flight. If a carrier will be used, it must meet the USDA guidelines and fit under the aircraft seat.

Instructions:

Medical/Mental Health Professional:

Please complete this form or provide the passenger with a written statement containing the information on this form on your practice letterhead.

Passenger:

Send a copy of the form or written statement to the United Airlines Disability Desk by fax (872-825-0208) or email (uaaeromed@united.com) 48 hours prior to travel for documentation verification (by contacting your health care professional). Please retain the original form or your medical/mental health professional statement in your possession while traveling and be prepared to present it to airline representatives.

Disability Desk:

Verify documentation. Complete SSR in the PNR with ESAN APPROVED or NOT APPROVED and your name.

Airport Agent:

Verify the passengers' documentation and SSR information in the PNR. Verify the animal meets the requirements (i.e., behavior) to travel in the passenger cabin free of charge.

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.

<i>Initial</i>	<i>Must be completed by Medical/Mental Health Professional</i>
—	I certify that the passenger has a mental health-related disability listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV).
—	Having the animal accompany the passenger is necessary to the passenger's mental health or treatment.
—	I am a licensed medical/mental health professional treating the passenger's mental or emotional disability.
—	The passenger is under my professional care.
—	<p><i>Medical/Mental health professional's license information:</i></p> <p>Date and type of the license: _____</p> <p>License Number: _____</p> <p>State or other jurisdiction in which license was issued: _____</p>
	<p>Your Name (<i>print</i>):</p> <p>Signature and Date:</p> <p>Business Phone Contact:</p>
	Passenger/Patient Name(<i>print</i>):
	Animal Type, Breed and Weight: