

Psychiatric/Emotional Support Animal Request 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) a Passenger Confirmation of Liability and Emotional Support/Psychiatric Service Animal Behavior and 3) a veterinary health form completed by a licensed veterinarian.

- 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.
- With prior documentation and clearance, **a customer may travel with no more than one emotional support animal.** Multiple emotional support animals for a single customer are not permitted.

Instructions:

Passenger: Please submit your completed forms as soon as possible via our [secure portal](#). The required travel documents for your emotional support or psychiatric service animal must be submitted for approval at least 48 hours prior to your day of travel. Please bring your original forms with you 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.*

Medical/Mental Health Professional Form

<i>Initial</i>	<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.</i> (Note: In completing this form, please refer to definitions below.)
	Passenger/patient name (<i>print</i>):
	Animal type: _____ Animal breed: _____ Animal weight: _____ If the animal weighs more than 65 pounds, United will evaluate on a case-by-case basis whether the animal may safely travel on the specific flight(s).
_____	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 (<i>check one only</i>): _____ 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 Form

<i>Initial</i>	<i>Must be completed by passenger</i>
	Passenger name (<i>print</i>):
	Animal type: _____ Animal breed: _____ Animal weight: _____ If the animal weighs more than 65 pounds, United will evaluate on a case-by-case basis whether the animal may safely travel on the specific flight(s).
_____	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>	<i>Must be completed by a licensed veterinarian</i>
	Passenger name (<i>print</i>): _____ Animal name (<i>print</i>): _____
	Animal type: _____ Animal breed: _____ Animal weight: _____ If the animal weighs more than 65 pounds, United will evaluate on a case-by-case basis whether the animal may safely travel on the specific flight(s).
_____ _____	The animal described above 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.
_____ _____	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: _____ Valid through: _____ Distemper Vaccine (if applicable to this type of animal) Date given: _____ Valid through: _____
	The animal's owner (or owner's agent) has represented to me that (<i>choose one</i>): <input type="checkbox"/> The animal has not bitten, scratched or otherwise injured or attacked any person <input type="checkbox"/> The animal has bitten, scratched or otherwise injured or attacked a person. The situation leading to the bite, scratch or injury was described as follows: _____ _____
	Veterinarian's license number: _____ License date of expiration: _____ State or other jurisdiction in which license was issued: _____ Veterinarian's name (<i>print</i>): _____ Business phone contact: _____ Business email contact: _____ Signature and date: _____