








When flying with Seaborne Airlines, we welcome travelers with service or emotional support animals in the aircraft cabin if they meet certain requirements. We require the following additional documentation from customers traveling with Service Animals:

-  Veterinary Health Assessment
-  Confirmation of Behavior for Emotional Support or Psychiatric Service Animal
-  Licensed Health Care Professional Assessment for Emotional Support or Psychiatric Service Animal (if applicable)

A wide variety of service animals are permitted in the cabin portion of the aircraft flying to and within the United States; however, most service animals tend to be dogs and cats. Seaborne Airlines does not accept snakes, reptiles, ferrets, rodents, sugar gliders, or spiders. Per the U.S. Department of Transportation, airlines may exclude animals that:

-  Are too large or heavy to be accommodated in the cabin;
-  Pose a direct threat to the health or safety of others;
-  Cause a significant disruption of cabin service; or
-  Are prohibited from entering a foreign country.

ADVANCED NOTIFICATION

If you're traveling with an Emotional Support or Psychiatric Service Animal, you are required to submit documentation a minimum of 48 hours prior to travel via email to Seaborne Airlines at reservations@seaborneairlines.com to help avoid having your Service Animal traveling as a pet (mascot) where all applicable requirements and fees would apply.

Keep in mind that additional documentation may be required for other airlines, states, foreign countries, etc... that you may need to obtain separate from Seaborne Airlines' requirements.

ANIMAL BEHAVIOR

Your animal must be trained to behave properly in a public setting, take direction at your command, remain on a harness, leash, or other tether; unless:

- a. I am unable because of my disability to use a harness, leash, or other tether; or
- b. the use of a harness, leash, or other tether that would interfere with the service animal's safe, effective performance of work or tasks.

If a. or b. applies, your service animal is otherwise under your control (e.g.; voice control, signals, or other effective means).

To comply with safety regulations your animal should remain in the area of your seat at all times during the flight. Sitting, laying or protruding into the aisle, or other areas that must remain unobstructed, is not allowed. Health regulations also do not allow animals to sit or lay in a seat designated for a customer nor lay on or eat from tray tables.

INSTRUCTIONS

1. Complete the following to aid in your check-in process with your Service Animal:
 - Veterinary Health Assessment
2. If you are traveling with an Emotional Support or Psychiatric Service Animal, please complete the following:
 - Veterinary Health Assessment
 - Confirmation of Behavior for Emotional Support or Psychiatric Service Animal (if you are under 18 years of age, your parent or legal guardian must sign this form)
 - Licensed Health Care Professional Assessment for Emotional Support or Psychiatric Service Animal (if applicable)
3. The passenger MUST retain the original forms in their possession while traveling.

As a reminder, for Emotional Support or Psychiatric Service Animals, requests are not confirmed until the passenger's animal can be visually verified at airport check-in counter.

VETERINARY HEALTH ASSESSMENT

PASSENGER'S INFORMATION			
PASSENGER'S PRINTED NAME - LAST:		FIRST:	MIDDLE:
PASSENGER'S EMAIL ADDRESS:			
FLIGHT #:	ROUTING (FROM / To):	FLIGHT DATE:	CONFIRMATION CODE (PNR):
COMPLETED BY A LICENSED VETERINARIAN WHO IS PROVIDING PROFESSIONAL CARE FOR THE SERVICE ANIMAL			
ANIMAL'S NAME:		ANIMAL'S TYPE:	ANIMAL'S WEIGHT (LBS):
ANIMAL'S BREED:		DATE RABIES VACCINE EXPIRES:	DATE DISTEMPER VACCINE EXPIRES:
NAME OF CLINIC:		CLINIC'S ADDRESS:	
CLINIC'S PHONE NUMBER:	VETERINARIAN'S LICENSE No.:	DATE VETERINARIAN'S LICENSE ISSUED:	STATE OR JURISDICTION WHERE LICENSE WAS ISSUED:
LICENSED VETERINARIAN'S PRINTED NAME:		LICENSED VETERINARIAN'S SIGNATURE:	DATE:

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CONFIRMATION OF BEHAVIOR
for Emotional Support or Psychiatric Service Animal

PASSENGER'S INFORMATION				
PASSENGER'S PRINTED NAME - LAST:		FIRST:		MIDDLE:
PASSENGER'S EMAIL ADDRESS:				
FLIGHT #:	ROUTING (FROM / TO):	FLIGHT DATE:	CONFIRMATION CODE (PNR):	
SERVICE / EMOTIONAL SUPPORT ANIMAL'S INFORMATION				
ANIMAL'S NAME:	ANIMAL'S TYPE:	ANIMAL'S BREED:	ANIMAL'S WEIGHT (LBS):	ANIMAL'S HEIGHT (INCHES):

Read each statement and check YES or NO, as applicable--all boxes must be checked.

1. I confirm that this animal has been trained to behave appropriately in a public environment and it will respond at my command.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. I understand that this animal shall have a harness, leash, or other tether; unless: a. I am unable because of my disability to use a harness, leash, or other tether; or b. the use of a harness, leash, or other tether that would interfere with the service animal's safe, effective performance of work or tasks. If 2.a. or 2.b. applies, my service animal is otherwise under my control (e.g.; voice control, signals, or other effective means).	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. I understand that if this animal behaves inappropriately and I do not take effective action to control it, it may be considered unacceptable for travel and refused transport and / or may be removed from the aircraft. Seaborne's policies and fees will apply.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. I confirm that this animal will fit within my own personal space / within the seat space I purchased, and will not sit, lay, or protruding into the aisle or other areas that must remain unobstructed. I may elect to purchase additional seats to allow more space for their animal.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. I confirm that this animal shall not occupy any seat. The animal must remain on the floor or entirely in your lap (if no larger than a lap infant) throughout the flight.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. I confirm that this animal shall not lay on or eat from tray tables.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Should this animal cause Seaborne Airlines 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. 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 Seaborne's pet policy has requirements, including but not limited to size limitations, and breed / species restrictions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. 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 Seaborne's pet policy has requirements, including but not limited to size limitations, and breed / species restrictions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Should this animal cause Seaborne Airlines 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. 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 Seaborne's pet policy has requirements, including but not limited to size limitations, and breed / species restrictions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. I understand that it is my responsibility to meet all the requirements of other airlines, states, foreign countries, etc.... and will not hold Seaborne Airlines liable if I do not meet all the requirements of another entity or location during my trip.	<input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that I have read and that I fully understand the statements above.

PASSENGER'S SIGNATURE (if under 18 years of age, must be signed by a parent or legal guardian):	DATE:
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LICENSED HEALTH CARE PROFESSIONAL ASSESSMENT
for Emotional Support or Psychiatric Service Animal

PASSENGER'S INFORMATION				
PASSENGER'S PRINTED NAME - LAST:		FIRST:	MIDDLE:	
PASSENGER'S EMAIL ADDRESS:				
FLIGHT #:	ROUTING (FROM / TO):	FLIGHT DATE:	CONFIRMATION CODE (PNR):	
SERVICE / EMOTIONAL SUPPORT ANIMAL'S INFORMATION				
ANIMAL'S NAME:	ANIMAL'S TYPE:	ANIMAL'S BREED:	ANIMAL'S WEIGHT (LBS):	ANIMAL'S HEIGHT (INCHES):
COMPLETED BY A LICENSED HEALTH CARE PROFESSIONAL WHO IS PROVIDING PROFESSIONAL CARE FOR THE PASSENGER LISTED ON THIS FORM				
I am a licensed mental health professional treating this passenger's mental or emotional disability.			<input type="checkbox"/> YES <input type="checkbox"/> No	
I certify that this passenger has a mental or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM IV) and is currently under my professional care.			<input type="checkbox"/> YES <input type="checkbox"/> No	
I certify that this passenger needs the emotional support or psychiatric service animal as an accommodation for air travel and / or for activity at the passenger's destination.			<input type="checkbox"/> YES <input type="checkbox"/> No	
NATIONAL PROVIDER INFORMATION (NPI) IDENTIFIER:	DATE & TYPE OF MEDICAL LICENSE:	STATE OR JURISDICTION WHERE LICENSE WAS ISSUED:		
Documentation on my official health care professional letterhead indicating the above is attached.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
LICENSED HEALTH CARE PROFESSIONAL'S PRINTED NAME:	LICENSED HEALTH CARE PROFESSIONAL'S SIGNATURE:	DATE:		
<i>Form <u>and</u> Documentation on official health care professional letterhead must be dated no older than one (1) year from the date of the passenger's scheduled initial flight.</i>				

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- The passenger MUST retain the original forms in their possession while traveling.