

Medical/Mental Health Professional Form Customer Information

| Customer Name: | Last | Γ: | NA I |
|--|---|---------------------------|------------------|
| | Last | First | M.I. |
| Customer Email Add | lress: | | |
| Animal Type: | | | _ |
| Animal Breed: | | | _ |
| Animal Weight: | | Animal Height: | |
| | | | |
| | Medical/Mental H | Health Professiona | l 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/Healthcar Provider Signature: | | | _ Date: |
| Note: Form must be | dated within one year from | the date of your outbound | /initial flight. |
| | | | |
| | cal/mental health profession s mental or emotional disabi | | |
| Disability listed in the Manual of Mental Di | ent has a mental health-rela e Diagnostic and Statistical sorders and is currently und atal health-related disability: | er 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: | _ |
| | fety and well-being of our customers, crewmem iit the Health Professional Form, Animal Behavio | |
| Please check the boxes to confirm | n (all boxes must be checked): | |
| ☐ I confirm that this animal has upon command. | been trained to behave appropriately in a public | setting and takes my direction |
| | l behaves inappropriately, it will be considered u or will be removed from the aircraft and JetBlue | |
| | fit within my own personal space/within the seat nal seats to allow more space for their animal). | space I purchased (customer |
| | l not occupy any seat (animal must remain on th infant throughout the flight if size requirements | |
| I take full responsibility for the interactions with other animal | safety, well-being and conduct of this animal, in and/or individuals. | ncluding the animal's |
| | Blue or its customers any loss, injury, damage or t I accept liability for any such loss, injury, damag | |
| international travel to the Unit | nwealth of Puerto Rico, the State of Hawaii, forei ed States have specific pet travel requirements a ut not limited to size limitations, and breed/spec | and that JetBlue's pet policy |
| 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. YESNO | |
| 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): | |
| \square 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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