



## GREAT LAKES AIRLINES (ZK)

### Psychiatric/Therapeutic/Emotional Support Animal Instructions:

*All forms must be completed before submission:*

#### **General Information :**

Great Lakes Airlines requires a passenger who is a qualified individual with a disability within the meaning of the 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) from a licensed veterinary professional
- 3) a passenger confirmation of liability and emotional support/psychiatric service animal behavior

These forms are valid for one year from the date of the earliest of the signed documentations and **must** be submitted at least 48 hours before each trip, ideally well in advance of travel.

If the forms are sent less than 48 hours, the emotional support animal will not be approved and will only be accepted in accordance with Great Lakes' current pet policies.

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.

#### **Instructions for Passenger:**

48 hours or more from date of travel Please submit the completed forms to Great Lakes Airlines Reservations by email (supportanimal@flygreatlakes.com) or fax (307-432-7029).

*Great Lakes Reservations will verify the completed forms and will send you verification that your emotional support animal is approved or denied.*

Day of travel Please retain the original forms in your possession while traveling and present them to the airline representative.

**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 Great Lakes' current pet policies or may be denied boarding.**



GREAT LAKES AIRLINES

Passenger Confirmation of Liability and Emotional Support/Psychiatric Service Animal Behavior

<b>Initial</b>	<b><i>Must be completed by passenger</i></b>
Customer Full Name (print name) _____	
Animal Type: _____	
Animal Breed: _____	
Weight if over 20 pounds only: _____	
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 on board a typical airline aircraft. _____	
<b><i>If outside of a kennel,</i></b>	
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, Great Lakes 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 ZK and governmental requirement, 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 Great Lakes Airlines or its passengers any loss, damage, or expense of any kind, I consent and acknowledge that I will reimburse them for any such loss, damage, or expense. _____	
<b>Signature</b>	<b>Date:</b>
_____	
Phone contact: _____	
Email contact: _____	



# GREAT LAKES AIRLINES

Emotional Support/ Psychiatric Service Animal Request

## Medical / Mental Health Professional Form

*Initial* **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. (Note: In completing this form, please refer to definitions below.)**

\_\_\_\_ Passenger/patient name (print): \_\_\_\_\_

\_\_\_\_ Animal type: \_\_\_\_\_

\_\_\_\_ Animal breed: \_\_\_\_\_

\_\_\_\_ I certify that the passenger has a mental or emotional disability \* listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

\_\_\_\_ I am a licensed medical/mental health professional treating the passenger's mental or emotional disability.

\_\_\_\_ The passenger is under my current and ongoing professional care.

\_\_\_\_ I have *prescribed* treatment that requires the animal identified above to accompany the passenger to accommodate his/her mental or emotional disability in the following manner (check only one);

\_\_\_\_ 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)

**Medical/Mental Health Professional's License Information:**

Date and type of the license: \_\_\_\_\_

License Number: \_\_\_\_\_

State or other jurisdiction in which license was issued: \_\_\_\_\_

Your name (print): \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Business Phone Contact: \_\_\_\_\_

Business Email Contact: \_\_\_\_\_

### Definitions:

\*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 addictions, and alcoholism.

Major life activities means functions such as caring for one's self, performing mental tasks, walking, seeing, hearing, speaking, breathing, learning, and working.



# GREAT LAKES AIRLINES

Emotional Support/ Psychiatric Service Animal Request

## Veterinary Health Form

This form must be completed by a licensed veterinary professional.

<b>Passenger/Patient name(print):</b>			
<b>Animal Type:</b>			
<b>Animal Breed:</b>			
<b>Weight if over 20 pounds only:</b>			
<i>The animal is current as of the date of this form for the following vaccinations:</i>			
<b>Rabies Vaccine Given (if applicable to this type of animal):</b>		<b>Distemper Vaccine Given (if applicable to this type of animal):</b>	
<b>Initial</b>	<b>Date given</b>	<b>Initial</b>	<b>Date given</b>
<i>Please initial each statement.</i>			
	I am not aware of any reason to believe that this animal would pose a direct threat to the health or safety of others.		
	What measures, if any, would be helpful to safely carry this animal in the aircraft cabin: (please check all that apply)		
	<input type="checkbox"/>	a. Kennel	
	<input type="checkbox"/>	b. Muzzle	
	<input type="checkbox"/>	c. This animal should only travel in cargo hold.	
	If the temperature is above 80° or below 32°F, what is the acclimation temperature for the animal? _____		
	d. Other: _____		
<b>Veterinary Professional's License Information</b>			
<b>License Number:</b>		<b>Date License Issued:</b>	<b>State Where License Issued:</b>
<b>Business email contact:</b>		<b>Business phone number:</b>	
<b>Name (print):</b>			
<b>Signature:</b>		<b>Date:</b>	