Sun Country Airlines is happy to transport emotional support and psychiatric service animals in the aircraft cabin. To ensure optimum safety for you, your animal, and all our customers, we require customers to complete and sign the following forms. These forms must be submitted 48 hours prior to your scheduled departure at Accessibility@suncountry.com.

**Required Documents**

- **Form 1 – Veterinary Health** Must be fully completed by your veterinarian.

- **Form 2 – Mental Health Professional Form** Must be fully completed by your mental health professional or a medical physician treating you for an emotional or mental disability; or a document from a licensed mental health professional that meets the following criteria:
  - You have a mental or emotional disability that is recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM)
  - You need your emotional support or psychiatric support animal as an accommodation for air travel and/or for activity at your destination
  - The individual providing the assessment is a licensed mental health professional and passenger is under his/her professional care
  - The licensed health care professional’s; date and type of professional license and jurisdiction or state in which their license was issued

- **Form 3 – Animal Behavior & Responsibility Form** Must be fully completed by the passenger.

**Additional Information:**

- Customer may travel with one (1) emotional support animal.
- Dogs, Cats and Miniature Horses and other animals on a case by case basis.

Many of your questions may be answered by visiting our website at www.suncountry.com/help-center/special-services.

Or you may contact us at 651-905-2737, 6am-11pm CT.
Emotional Support / Psychiatric Service Animal
Veterinary Health Form

Customer Name: __________________________________________________________

Animal Name:  ____________________________________________________________

Animal Breed:  ____________________________________________________________

Animal Sex: _________________________________

Animal Age/DOB: ____________________________

Animal Weight: ______________________________

Veterinarian Name: ________________________________________________________

License Number & Expiration Date: ___________________________________________

State License was Issued: ___________________________________________________

Date Animal was Examined:  __________________________________

Date of Rabies Vaccine & Valid thru: ____________________________

When examined, the animal appeared to be free of infectious or contagious diseases that would endanger other animals or public health? YES / NO

To my knowledge (Select one of the following):

_____ The animal HAS NOT bitten or injured/attacked a person or another animal.

_____ The animal HAS bitten or injured/attacked a person or another animal. Provide explanation:

___________________________________________________________________

___________________________________________________________________

Veterinarian Signature & Date: _______________________________________________

Veterinarian Contact Info (phone number, email address, office address):

___________________________________________________________________

• Form must be fully completed and dated within one year of initial travel.
• All forms must be submitted a minimum of 48 hours prior to your scheduled departure.
• By submitting this form, the passenger consents to the Sun Country Airlines Privacy Policy.
• Keep these completed forms with you while traveling.
• Authorization for your animal is not confirmed until the animal is visually verified at the airport check-in counter.
• Please review all other requirement for travel with animals at suncountry.com/contact-us/accessibility-requests. Or you may contact us at 651-905-2737, 6am-11pm CT.
Emotional Support / Psychiatric Service Animal Mental Health Professional Form

Customer Name: ________________________________________________________________

Customer Email Address: __________________________________________________________

Mental Health Professional Information

Name of Practice: ________________________________________________________________

Name & Phone Number: ___________________________________________________________

National Provider Identifier (NPI): ________________________________________________

Date & Type of Mental Healthcare License:________________________________________

State or Jurisdiction where license was issued:_____________________________________

Signature & Date:_________________________________________________________________

_____ I am a licensed mental health professional treating the above named passenger for a mental or emotional disability.

_____ The above named passenger has a mental or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders and is currently under my care.

_____ The passenger needs the emotional support or psychiatric service animal as an Accommodation for air travel and/or for activity at the passengers’ destination.

• Form must be fully completed and dated within one year of initial travel.
• All forms must be submitted a minimum of 48 hours prior to your scheduled departure.
• By submitting this form, the passenger consents to the Sun Country Airlines Privacy Policy.
• Keep these completed forms with you while traveling.
• Authorization for your animal is not confirmed until the animal is visually verified at airport check-in counter.
• Please review all other requirement for travel with animals at suncountry.com/contact-us/accessibility-requests. Or you may contact us at 651-905-2737, 6am-11pm CT.
Customer Name: ____________________________________________________________

All animals must be trained to behave appropriately in a public setting. Please confirm the following:

_____ I confirm that my emotional support/psychiatric service animal has been trained to behave appropriately in a public setting and takes my direction upon command.

_____ I understand that if my emotional support/psychiatric service animal behaves inappropriately, it will be considered unacceptable for travel as an emotional support animal. The animal may be transported as a pet if all Sun Country Airlines pet requirements are met.

_____ I confirm my emotional support/psychiatric service animal fits within the disabled passenger’s foot/seat space. A second seat may not be provided or purchased for travel.

_____ I accept full responsibility for the safety, well-being and conduct of my emotional support/psychiatric service animal, including my animal’s interaction with other animals and/or individuals.

_____ I have reviewed and accept the Sun Country Airlines animal policies, which may be viewed at: suncountry.com/contact-us/accessibility-requests.

_____ I acknowledge that I accept full financial responsibility if my animal causes Sun Country Airlines or its customers any loss, injury, damage or expense of any kind in accordance with the Sun Country Airlines Contract of Carriage (suncountry.com/contract-carriage).

Customer Signature & Date: ____________________________________________________________

Customer Phone Number & Email: _____________________________________________________

• Form must be fully completed and dated within one year of initial travel.
• All forms must be submitted a minimum of 48 hours prior to your scheduled departure.
• By submitting this form, the passenger consents to the Sun Country Airlines Privacy Policy.
• Keep these completed forms with you while traveling.
• Authorization for your animal is not confirmed until the animal is visually verified at airport check-in counter.
• Please review all other requirement for travel with animals at suncountry.com/contact-us/accessibility-requests. Or you may contact us at 651-905-2737, 6am-11pm CT.