



SERVICE DOG FORM

MEDICAL DEPARTMENT

MONDAY TO FRIDAY:

6 a.m. – 10 p.m. ET

SATURDAY TO SUNDAY:

6 a.m. – 8 p.m. ET

EMAIL:

acmedical@aircanada.ca

TEL: **1-800-667-4732** (Toll-free from North America) | FAX: **1-888-334-7717** (Toll-free from North America)
1-514-369-7039 (Long distance charges apply) | **1-514-828-0027** (Long distance charges apply)

This form is to be used for travel within Canada, and to/from International and the Caribbean.

To ensure an efficient process, please complete and submit this form to acmedical@aircanada.ca at least **48 hours in advance of travel**.

Please ensure to keep the completed form with you at all times while travelling.

Please include an identification card or other document that is issued by an organization or person specializing in service dog training that identifies the person with a disability and attests that the service dog has been individually trained by the organization or person to perform a task to assist the person with a disability with a need related to their disability.

Please note that should the form not be provided at least 48 hours in advance of travel, your service dog may be refused travel at the airport.

In compliance with Accessible Transportation for Persons with Disabilities Regulations, Air Canada can retain an electronic copy of your personal health information for at least three (3) years for the purpose of permitting Air Canada to use that information if you make another request for a service.

Do you agree? Yes No Clear

SERVICE DOG AND USER / HANDLER'S INFORMATION

SERVICE DOG HANDLER'S SURNAME		SERVICE DOG HANDLER'S FIRST NAME	
TELEPHONE		EMAIL	
SERVICE DOG USER'S SURNAME (if different from Handler)	SERVICE DOG USER'S FIRST NAME (if different from Handler)	TELEPHONE	
DOG'S NAME	BREED	WEIGHT	
HEIGHT	LENGTH	WIDTH (from shoulder to shoulder)	



Please confirm that you agree to each of the following statements:

CONFIRMATION CHECKLIST:

Dog Health:

(_____) is vaccinated for rabies. Date of last vaccination: _____ Vaccination expiry date: _____

To my knowledge, (_____) does not have fleas or ticks or a disease that would endanger people or other animals.

VETERINARIAN'S NAME (Signature not required) _____ TELEPHONE _____

Dog Training and Behaviour Assurances:

- (_____) has been trained to do work or perform tasks to assist me with my disability.
- (_____) has been trained to behave in a public setting.
- I understand that a properly trained dog remains under the control of its handler. I understand that a properly trained dog does not act aggressively by biting, barking, jumping, lunging, or injuring people or other animals. It also does not urinate or defecate on the aircraft or in the gate area.
- I confirm my dog is trained not to relieve itself in a non-indicated area and that it will not need to relieve itself if flight is scheduled to take 8 hours or more.
- I understand that if (_____) shows that it has not been properly trained to behave in public, then Air Canada may treat (_____) as a pet by charging a pet fee and requiring (_____) to be transported in a pet carrier.
- To the best of my knowledge, (_____) has not behaved aggressively or caused serious injury to another person/dog. If you cannot check the box above, please explain.

Do you have a Government issued service dog ID from the provinces of Alberta, British Columbia or Nova Scotia? If so, please provide a copy.

NAME OF PERSON OR ORGANIZATION SPECIALIZING IN SERVICE DOG TRAINING: _____ WEBSITE OF ORGANIZATION _____

Other Assurances which must be met:

- I understand that (_____) must be harnessed, leashed, or tethered at all times in the airport and on the aircraft.
- I understand that if (_____) causes damage, Air Canada may charge me for the cost to repair it, as long as Air Canada would also charge passengers without disabilities to repair the similar kinds of damage.
- If travel is within Canada or to/from International and Caribbean, include proof of training.

By signing this form, I confirm that all the information I have provided is complete, true, and accurate to the best of my knowledge.

SIGNATURE OF SERVICE DOG USER / HANDLER _____ DATE (YYYY-MM-DD) _____

SUBMISSION OF THIS FORM INDICATES CONSENT WITH AIR CANADA'S PRIVACY POLICY. Other documentation may be required for travel entering or exiting an international destination.

CLEAR FORM