



Mental Health Professional Form

Please complete this form in its entirety. Spirit is not required to honor forms with blank fields.

Form must be dated within one year prior to your initial flight.

I am a licensed mental health professional (which includes a medical doctor specifically treating a mental or emotional disability, a psychiatrist, psychologist, or a licensed clinical social worker), and I represent the following:

Guest/Patient Name: _____

Animal's name: _____ Animal type: _____

Animal weight: _____ Animal height: _____

This patient has a mental health related disability recognized in the Diagnostic and Statistical Manual of Mental Disorders-Fourth or Fifth Edition.

I am a licensed mental health professional or medical doctor, and this patient is currently under my professional care for ongoing treatment regarding a mental health-related disability.

This patient has been prescribed treatment which requires the above animal to accompany him/her for a mental-health related disability. The animal must accompany the patient:

- Outside a carrier in the cabin of the aircraft during air travel.
- Inside a carrier in the cabin of the aircraft during air travel.
- Either outside or inside a carrier in the cabin of the aircraft as the animal will be used to accommodate the mental-health related disability at the patient's destination.

Medical/Mental health professional's name: _____

License number: _____ License's type and date issued: _____

Jurisdiction of license: _____

Business name: _____

Business phone number: _____

Signature: _____ Date: _____



Veterinary Health Form

Please complete this form in its entirety. Spirit is not required to honor forms with missing fields.
Form must be dated within one year prior to your initial flight.

I am a licensed veterinarian, and I represent the following:

Guest's Name: _____

Animal's Name: _____ Animal type: _____

Animal weight: _____ Animal height: _____ Animal age: _____

Date of animal's last medical examination: _____

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. YES NO

As of _____, the animal is current for the following vaccinations:

Rabies Vaccine: YES NO Date of vaccine _____ Valid until _____

Distemper Vaccine: YES NO Date of vaccine _____ Valid until _____

To my knowledge:

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. Please describe the incident leading up to the bite, scratch or injury below:

Veterinarian's name: _____ License number: _____

License's expiration date: _____ Jurisdiction of license: _____

Business name: _____

Business phone number (country code if applicable): _____

Signature: _____ Date: _____



Passenger Acknowledgement Form

Please complete this form in its entirety. Spirit is not required to honor forms with missing fields.

Form must be dated within one year prior to your initial flight.

I am a passenger seeking to transport an emotional support animal in the passenger cabin on a Spirit flight, and I acknowledge that the information below is accurate:

Passenger Name: _____

Animal's Name: _____ Animal type: _____

Animal height: _____ Animal weight: _____

This animal is not a threat to the health and safety of others or other animals.

I confirm that this animal has been trained to behave appropriately in a public setting and takes my direction upon command.

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.

This animal will not cause a disruption of service while onboard the aircraft.

I understand that if this animal behaves inappropriately, it may be considered unacceptable for travel and, in Spirit's sole discretion, may be refused transport and/or removed from the aircraft.

I confirm that this animal will fit within my own personal space/within the seat space I purchased (customer may elect to purchase additional seats or a Big Front Seat to allow more space for their animal).

I confirm that this animal will not occupy any seat (animal must remain on the floor or, entirely in your lap if no larger than a lap infant, throughout the flight if size requirements permit).

I understand that the Commonwealth of Puerto Rico, foreign countries, and inbound international travel to the United States have specific additional restrictions regarding pet travel and that Spirit's pet policy also has restrictions, including but not limited to size limitations and breed/species restrictions.

I acknowledge liability for any loss, damage or expense my animal may cause for Spirit, its employees, service providers or passengers, and I agree to reimburse the appropriate party for any such loss, damage or expense.

In order for my animal to be eligible to travel in the passenger cabin, I understand I must submit this form as well as fully completed Mental Health Professional and Veterinary Health forms.

Signature: _____ Date: _____

Phone contact: _____ Email contact: _____