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: __________________________

Documents are subject to verification by Spirit Airlines.
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: ___________________________


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: __________________________

Documents are subject to verification by Spirit Airlines.
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: _________________________

Passenger Acknowledgement Form

03/2019