

Psychiatric/Therapeutic/Emotional Support Dog Authorization

General Information:

Pursuant to the Department of Transportation (DOT) guidance for the carriage of service dog, Icelandair requires a passenger with a qualified disability traveling with a psychiatric/therapeutic/emotional support type dog to obtain documentation from their medical/mental health professional.

- This form is valid for 6 months from the date the licensed medical or mental health professional treating the person has signed this form.
- Other documentation may be required for travel entering or exiting an international location.
- Service dogs must be properly harnessed for the duration of the flight. Small dogs may remain in the passengers lap during the flight. If a carrier will be used, it must meet the USDA guidelines and fit under the aircraft seat.

Instructions:

Medical/Mental Health Professional:

Please complete this form or provide the passenger with a written statement containing the information on this form on your practice letterhead.

Passenger:

Send a copy of the form or written statement to Icelandair via email (sales@icelandair.is) business days prior to travel for documentation verification (by contacting your health care professional). Please retain the original form or your medical/mental health professional statement in your possession while traveling and be prepared to present it to airline representatives.

Sales Agent:

Verify documentation. Complete SSR in the PNR with PETC APPROVED BY REVENUE MANAGEMENT

Airport Agent:

Verify the passengers' documentation and SSR information in the PNR. Verify the dog meets the requirements (i.e., behavior) to travel in the passenger cabin free of charge.

Note: With respect to an dog used to assist a qualified individual with a disability, the dog must be trained to behave appropriately in a public setting. Dogs found not to have been trained to behave will only be accepted in accordance with Icelandair's current pet policies or may be denied boarding.

| <i>Initial</i> | Must be completed by Medical/Mental Health Professional |
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| _____ | I certify that the passenger has a mental health-related disability listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). |
| _____ | Having the animal accompany the passenger is necessary to the passenger's mental health or treatment. |
| _____ | I am a licensed medical/mental health professional treating the passenger's mental or emotional disability. |
| _____ | The passenger is under my professional care. |
| _____ | <p><i>Medical/Mental health professional's license information:</i></p> <p>Date and type of the license: _____ License Number: _____</p> <p>State or other jurisdiction in which license was issued: _____</p> |
| | <p>Your Name (<i>print</i>):</p> <p>Signature and Date:</p> <p>Business Phone Contact:</p> |
| | Passenger/Patient Name(<i>print</i>): |
| | Animal Type, Breed and Weight: |