



MEDICAL STATEMENT FOR TRAVELING WITH EMOTIONAL SUPPORT ANIMAL (DOG)

I state that _____ (name of the passenger) has an emotional condition and is being treated by me, a psychiatrist, and needs the company of his/her pet (dog), which is indispensable for his/her emotional well-being.

Therefore, he/she must be accompanied by his/her dog during the international trip from _____ (origin) to _____ (destination) on _____, 20____, under the locator code:_____.

_____, _____, 20____

Digital Signature of the Responsible Psychiatrist is Mandatory

Name of Medical Practice: _____

Address in full: _____

Telephone:() _____

Validity after approval: 90 days