FRONTIER AIRLINES	Therapeutic / Emotional Support Animal Medical Authorization	Form Number: 30905 Effective Date: 01/14/11

General Information:

Pursuant to Department of Transportation (DOT) guidance, Frontier requires a passenger traveling with a therapeutic / emotional support animal to obtain a written statement from his/her mental health care professional (physician or psychologist) addressing the questions listed below in Section II.

- This form is valid for one year from the date of physician or psychologist's signature.
- An animal health certificate is not required.
- Service animals must be properly harnessed for the duration of the flights. A proper harness is considered a collar and leash.

Instructions:

Physician: Please complete this form or provide the passenger with a signed written statement containing the information in this form on the clinic's letterhead.

Passenger: Please retain the original form or your doctor's statement in your possession when traveling, and be prepared to present it to airline representatives.

Customer Service Agent: Ensure this form is complete or the written statement addresses the questions below and return it to the passenger.

"A" Flight Attendant: Review this form is complete or the written statement addresses the questions below and inform the pilot-in-command.

Section I - Passenger Information

Name:	Date:

Section II - Physician Statement (To be completed by Physician)

1. Does the passenger have a mental health related disability?

☐ YES ☐ NO

2. Is it necessary for passenger's mental health treatment or assistance the animal accompany the passenger?

☐ YES ☐ NO

3. What type of animal provides Therapeutic / Emotional Support for this passenger?

Physician Name:	Telephone Number:
Physician Signature:	Date: