

MEDICAL CERTIFICATE FORMAT FOR THE TRANSPORTATION OF EMOTIONAL SUPPORT ANIMALS



MENTAL HEALTH PROFESSIONAL SECTION

Each passenger traveling with an emotional support animal must complete this form.

Name of the passenger:

THIS SECTION MUST BE COMPLETED BY A MENTAL HEALTH PROFESSIONAL

Mental Health Professional (please print):

Professional Occupation:

Telephone:

- I certify that I am a licensed mental health treatment professional and am currently treating the above-named patient who has a recognized mental health or mental disability in the Diagnostic and Statistical Manual of Mental Disorders ("DSM").
- I certify that this patient requires the animal listed above for travel as an emotional support or psychiatric service animal for air travel and/or activities at their destination.

Signature and stamp/letterhead of mental health professional:

Date: _____

CONSENT TO USE OF CUSTOMER'S PERSONAL INFORMATION

I, _____ (Passenger name, parents/legal guardian) authorize LATAM Airlines to process, use, manage, analyze, segment, index, receive, obtain, collect, report or store my personal data, including medical information, for the purpose of these are processed in order to use them to travel with my emotional support animal on the dates mentioned above.

The personal data processing policy can be consulted at the following link
<https://www.latamairlines.com/link/legal/privacy-policy>

Signature of the passenger (parents or legal guardian for minors under 18 years of age):

Date: _____