Steps to Updating you SVAN Form:

*The form has been updated since you have completed it, you may encounter some issues if you are trying to update vaccines.

Please follow these steps to update and submit properly:

If your form does not have the breed and color as well as weight field.

1. Please hit the edit button, on the bottom right corner, on the first page of Basic Information.

Basic Information	Animal Health	Animal Training and Behavior	Other Assurance	Trained Tasks	
U.S. Trai	. Departm nsportatio	nent of Transpor on Form	tation Serv	ice Animal Air	
According to the Pape information unless it of this information collec	erwork Reduction Act displays a valid OMB o ction is 2105-0576.	of 1995, an agency may not condu ontrol number. The estimated burd	ct or sponsor, and a perso en to complete this form	on is not required to respond to, a collection of is 15 minutes. The OMB control number for	
The authority for the c	collection expires on E	December 31, 2023.			
Warning: It is a federa form to secure disabili	l crime to make mate ity accommodations (rially false, fictitious, or fraudulent s provided under regulations of the U	tatements, entries, or repi nited States Department	resentations knowingly and willfully on this of Transportation (18 U.S.C. § 1001).	
Service Animal Handler's FIRST NAME (Exactly as it appears on your Driver's License or State ID)			Service Animal Handler's LAST NAME (Exactly as it appears on your Driver's License or State ID)		
Service Animal Handler's	Phone.	S	ervice Animal User's First and	d Last Name (If different from handler)	
Service Animal Handler's Email			Service Animal User's Phone.		
Service Animal's FIRST N	NAME ONLY				
Description of the animal	,				
Print				Back to Home 43 / 500	

2. Make sure that you have entered your dogs breed and color as well as the weight in the specified fields.

Basic Information Animal Health Animal Training an	d Behavior	Other Assurance	Trained Tasks	
U.S. Department of Tra Transportation Form	inspor	tation Serv	ice Animal Air	
According to the Paperwork Reduction Act of 1995, an agency m information unless it displays a valid OMB control number. The est this information collection is 2105-0576.	ay not conduc timated burde	t or sponsor, and a person to complete this form	n is not required to respond to, a is 15 minutes. The OMB control (a collection of number for
The authority for the collection expires on December 31, 2023.				
Warning: It is a federal crime to make materially false, fictitious, or form to secure disability accommodations provided under regulat	fraudulent stations of the Un	atements, entries, or repr ited States Department	esentations knowingly and willfu of Transportation (18 U.S.C. § 10	ully on this 01).
Service Animal Handler's FIRST NAME (Exactly as it appears on your Drive License or State ID) (Required)	er's Sei Lic	Service Animal Handler's LAST NAME (Exactly as it appears on your Driver's License or State ID) (Required)		
Service Animal Handler's Phone. (Required)	Se	rvice Animal User's First and	I Last Name (If different from handler	r)
(+1)United States / Canada V				
Service Animal Handler's Email (Required)	Se	rvice Animal User's Phone.		
	(+	1)United States / Canada	~	
Service Animal's FIRST NAME ONLY				
Service Animal Breed and Color (Required)	Se	rvice Animal Weight (Requir	ed)	
			Ibs	~
Provide a breed and color for the service animal.	Pro	ovide a weight in lbs.		
Description of the animal				
<u>.</u>				43 / 500

3. Then hit "Continue with Form" to then add and update vaccine information. Service Animal's FIRST NAME ONLY

Service Animal Breed and Color (Required)	Service Animal Weight (Required)
	lbs
escription of the animal	
	Cancel Edit Continue with Form

- 4. Then continue through form double checking everything is correct.
- 5. Once Finished hit "Submit" to finish with updated changes.