



DEPARTMENT OF THE ARMY
AREA SUPPORT GROUP – KUWAIT
NAVAL SUPPORT ACTIVITY – BAHRAIN
FPO AE 09834

ACKU-VS

19 October 2023

REQUIREMENTS FOR NEO EVACUATION FOR PETS

The following list of requirements below are what is required for your pet to safely exit Bahrain during the case of a NEO evacuation occurring during your stay in Bahrain. Please follow all steps below to ensure a quick and streamline process to fly out of Bahrain.

1. All personnel are **ONLY** allowed to travel with 2 pets per Bahrain regulations **PER** person.
2. Please ensure that **EACH** pet has a rigid (**NOT SOFT**) that is large enough for them to stand up, turn around, and lay down in. Pets **CANNOT** be combined into the carrier.
3. Please ensure you have 2 copies of valid rabies certificate **DD2208**.
4. Retain 2 copies of **PREFILLED** Veterinary Health Certificates **APHIS Form 7001** + or – the **DD2209**.
5. 2 copies of **Pet Evacuation Registration Cards**.
6. Prepare at least **14 DAYS** of food supplies and medication in a sealable container of zip block bag.
7. Have a well-fitting collar or harness with ID tag and leash.
8. Have a profile picture of pet with owner.
9. Spill resistant water and food bowls that can be placed in kennels (label with pet and sponsor's name).
10. Small plastic bag for feces disposal (**DOGS**) and litter scoop for (**CATS**). Cats owners need a **10-Day** supply of cat litter with a small compact container with lid that can fit in carrier and can prevent spillage while not in use.
11. Muzzle (**IF NEEDED**).

If you have any questions regarding the requirements for NEO Evacuation, please feel free reach out to are email nsabahrain.vetclinic@gmail.com or by DSN: 318-439-4295.

Following documents below are the **REQUIRED** fillable forms prior to NEO.

- DD2208
- DD2209 and APHIS Form 7001
- Pet Evacuation Registration Card.

RABIES VACCINATION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

1. OWNER'S NAME (Last, First, Middle Initial)			2. TELEPHONE NUMBER (Include Area Code)	
3. ADDRESS (Number, Street, City, State, ZIP Code)				
4. ANIMAL				
a. NAME		b. MICROCHIP NUMBER(S)		c. SPECIES
e. AGE		f. WEIGHT	g. PREDOMINANT BREED	
				d. SEX
				h. COLOR(S)
5. VACCINE				
a. PRODUCER (First 3 letters)		b. LOT NUMBER	c. EXPIRATION DATE	d. VIRUS TYPE
				e. ADMINISTRATION SITE
6. VACCINATION			7. VETERINARIAN	
a. RABIES TAG NUMBER		b. DATE VACCINATED	a. NAME	
				b. LICENSE NUMBER
c. VACCINATION DURATION		d. VACCINATION DUE	c. SIGNATURE	
8. FACILITY ADDRESS (Street, City, State, ZIP Code)				

INSTRUCTIONS

- 1. OWNER'S NAME.** Self-explanatory.
- 2. TELEPHONE NUMBER.** Self-explanatory.
- 3. ADDRESS.** Self-explanatory.
- 4. ANIMAL.**
 - a. NAME.** Self-explanatory.
 - b. MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
 - c. SPECIES.** Self-explanatory.
 - d. SEX.** Self-explanatory.
 - e. AGE.** Self-explanatory.
 - f. WEIGHT.** Self-explanatory.
 - g. PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
 - h. COLOR(S).** Self-explanatory.
- 5. VACCINE.**
 - a. PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
 - b. LOT NUMBER.** Production lot number of the vaccine used.
 - c. EXPIRATION DATE.** Expiration date of the vaccine used.
 - d. VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
 - e. ADMINISTRATION SITE.** Location and method of administration of the vaccine used (e.g., SQRS - subcutaneous over right shoulder).
- 6. VACCINATION.**
 - a. RABIES TAG NUMBER.** Self-explanatory.
 - b. DATE VACCINATED.** Self-explanatory.
 - c. VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
 - d. VACCINATION DUE.** Date that next rabies vaccination is due.
- 7. VETERINARIAN.**
 - a. NAME.** Name of the veterinarian responsible for the vaccination.
 - b. LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
 - c. SIGNATURE.** Self-explanatory.
- 8. FACILITY ADDRESS.** Self-explanatory.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS**

1. TYPE OF ANIMAL SHIPPED (select one only)
 Dog Cat Other _____
 Nonhuman Primate Ferret Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

4. PAGE

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
Vaccination Date _____ Product _____ Date _____	Product Type and/or Results _____

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

- I have verified the presence of the microchip, if a microchip is listed in box 7.
- I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
- To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

PRINTED NAME OF USDA VETERINARIAN _____ **LICENSE NUMBER AND STATE** _____

Accredited Yes No
 if yes, please complete below
NATIONAL ACCREDITATION NUMBER _____

SIGNATURE OF USDA VETERINARIAN _____ **Apply USDA Seal or Stamp here** _____ **DATE** _____

NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN _____ **DATE** _____

VETERINARY HEALTH CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.

ROUTINE USE(S): Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.

1. OWNER'S NAME <i>(Last, First, Middle Initial)</i>	2. TELEPHONE NUMBER <i>(Include Area Code)</i>
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3. ADDRESS <i>(Number, Street, City, State, ZIP Code)</i>

4. ANIMAL				
a. NAME	b. SPECIES	c. SEX	d. AGE	e. WEIGHT
f. MICROCHIP NUMBER(S)	g. PREDOMINANT BREED		h. COLOR(S)	

5. RABIES IMMUNIZATION DATA				
a. PRODUCER <i>(First 3 letters)</i>	b. LOT NUMBER	c. VIRUS TYPE	d. DATE VACCINATED	e. VACCINATION DURATION

This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

6. FACILITY ADDRESS <i>(Street, City, State, ZIP Code)</i>
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7. VETERINARIAN	
a. NAME	b. LICENSE NUMBER
c. SIGNATURE	d. DATE (YYYYMMDD)

INSTRUCTIONS

The following specific instructions apply to the items on the DD Form 2209:

1. OWNER'S NAME - Self-explanatory.

2. TELEPHONE NUMBER - Self-explanatory.

3. ADDRESS - Self-explanatory.

4. ANIMAL - Enter animal's data:

- a. NAME - Self-explanatory.
- b. SPECIES - Self-explanatory.
- c. SEX - Self-explanatory; indicate if spayed or neutered.
- d. AGE - Self-explanatory.
- e. WEIGHT - Self-explanatory.
- f. MICROCHIP NUMBER(S) - List all scannable microchips implanted in this animal.
- g. PREDOMINANT BREED - List only the predominant breed. If not purebred, followed by the word "mix".
- h. COLOR(S) - Self-explanatory.

5. RABIES IMMUNIZATION DATA - Information derived from valid Rabies Vaccination Certificate for described animal:

- a. PRODUCER - The first three letters of the company name of the company that produced the vaccine.
- b. LOT NUMBER - Production lot number of the vaccine used.
- c. VIRUS TYPE - Virus type of the vaccine used (*e.g., killed, modified live, recombinant*).
- d. DATE VACCINATED - Self-explanatory.
- e. VACCINATION DURATION - Length of time in years that the vaccination is valid for.

6. FACILITY ADDRESS - Self-explanatory.

7. VETERINARIAN - Enter veterinarian's data:

- a. NAME - Name of the veterinarian performing the examination and verifying the rabies vaccination information.
- b. LICENSE NUMBER - Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
- c. SIGNATURE - Self-explanatory.
- d. DATE - Self-explanatory.

ANIMAL NON-COMBATANT EMERGENCY EVACUATION CAGE CARD

OWNER NAME _____ **RANK** _____ **DOD ID#** _____ **ANIMAL NAME** _____

UNIT ASSIGNED _____ **HOME OF RECORD ADDRESS** _____

HOME OF RECORD PHONE _____

ANIMAL DESCRIPTION: **CANINE** _____ **FELINE** _____ **OTHER** _____ **BREED** _____

MALE _____ **FEMALE** _____ **COLOR(S)** _____ **MARKINGS** _____

MICROCHIP # _____ **DISPOSITION (circle one):** **TAME** **QUESTIONABLE** **AGGRESSIVE**

MEDICATION _____ **Times a day** 1 2 3 4

MEDICATION _____ **Times a day** 1 2 3 4

MEDICATION _____ **Times a day** 1 2 3 4

CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS