



DEPARTMENT OF THE ARMY  
AREA SUPPORT GROUP - KUWAIT  
NAVAL SUPPORT ACTIVITY BAHRAIN VETERINARY SERVICES  
FPO AE 09834-0007

ACKU-VS

13 JAN 2026

MEMORANDUM FOR RECORD

SUBJECT: REQUIREMENTS FOR NEO EVACUATION FOR PETS

1. The following list of requirements below are required for your pet(s) to safely exit Bahrain during the case of a NEO evacuation occurring during your stay in Bahrain.

- a. All animals for NEO must be registered with the NSA Bahrain Veterinary clinic.
- b. All personnel are only allowed to travel with 2 pets per Bahrain regulations per family. These pets include the following: Dog(s) or Cat(s) only.

(1) The following animals are prohibited. Reptile(s), Amphibian(s), Fish, Bird(s), small rodents to include Mice, Rat(s), Guinea pig(s), Gerbil(s), Sugar Glider(s), Chinchilla(s) and Rabbit(s) of any kind. Farm animals to include Pig(s), Goat(s), and Horse(s) of any kind. We advise finding a shelter or boarding facility to accommodate the special requirements needed for exotic animals.

(3) Banned breed(s) and snub nose pets are eligible for travel with Veterinarian approval. Some pet(s) may have to fly commercial due to health issues; we advise owners to review country restriction laws and airline restrictions.

c. Pet(s) is required to have a hard rigid kennel that is large enough for them to stand up, turn around, and lay down in. Soft top carriers, kennels and or crates of any kind are prohibited. Pet(s) is required to have their own kennel. Combining multiple animals into 1 kennel is prohibited.

d. All pet(s) are required to have 2 copies of a valid rabies certificate, Veterinary Health Certificates APHIS Form 7001, Pet Export Memorandum, Acclimation letter and a Pet Evacuation Registration Card for each pet.

(1) As of August 1, 2024, The Centers for Disease Control and Prevention (CDC) require all dogs entering or returning to the United States that have been only in dog rabies-free or low-risk countries in the past 6 months to fill and submit a CDC Dog Import Form. Link will be provided: <https://www.cdc.gov/importation/dogs/rabies-free-low-risk-countries.html>.

ACKU-VS

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(2) All documents excluding the valid rabies certificate will be **prefilled by owner without veterinarian signature or date**. APHIS Form 7001 and Pet Export Memorandum will **only be signed and dated** by DoD veterinary authorities **within 10 days prior to departure**.

e. Prepare at least 14 days of food, supplies, and medication in a sealable container or zip block bag.

f. All pet(s) will have a well-fitting collar or harness with ID tag and leash. A profile picture of pet with owner must be secured to the kennel.

(1) For aggressive, and or anxious pets that may bite a muzzle is required secured to kennel.

(2) We advise placing caution and animal(s) may bite decals on kennel.

g. Spill resistant water and food bowls that can be placed in kennels. All bowls will be labeled with the pet(s) name, sponsor's first name letter initial, complete last name and last 4 of their DoD number.

h. Small plastic bag for feces disposal and litter scoop. Cats owners will 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.

2. The POC for this action is CPT Caitlin Conway at DSN 318 439 4295 or nsabahrain.vetclinic@gmail.com.

CAITLIN J CONWAY  
CPT, VC  
OIC, NSA Bahrain Veterinary Services

NSA Bahrain Veterinary Services Registration Form

Has your pet ever been seen at another military clinic?  Yes  No

**Patient (Pet) Information:**

Patient Name: \_\_\_\_\_

Sex:  Female  Spayed

Species:  Canine (Dog),  Feline (Cat)

Male  Neutered

Breed: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_

Color: \_\_\_\_\_

Microchip #: \_\_\_\_\_

**Additional Pet:**

Patient Name: \_\_\_\_\_

Sex:  Female  Spayed

Species:  Canine (Dog),  Feline (Cat)

Male  Neutered

Breed: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_

Color: \_\_\_\_\_

Microchip #: \_\_\_\_\_

**Additional Pet:**

Patient Name: \_\_\_\_\_

Sex:  Female  Spayed

Species:  Canine (Dog),  Feline (Cat)

Male  Neutered

Breed: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_

Color: \_\_\_\_\_

Microchip #: \_\_\_\_\_

**Owner Information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone (Include area code): + \_\_\_\_\_ - \_\_\_\_\_ Phone Type:  Cell  Home  Work

Alternate Phone: + \_\_\_\_\_ - \_\_\_\_\_ Phone Type:  Cell  Home  Work

Alternate Phone: + \_\_\_\_\_ - \_\_\_\_\_ Phone Type:  Cell  Home  Work

Military Service:  ARMY  USN  USAF  USMC  CIV Status:  Active  Res/Guard  Ret.

Pay Grade: \_\_\_\_\_ Unit: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Military Email: \_\_\_\_\_



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

ASKU-VS

Date: \_\_\_\_\_

MEMORANDUM FOR COMMERCIAL AIRLINES

SUBJECT: Temperature Tolerance for a Dog/Cat

1. The below listed animal in this shipment appears to be healthy for transport but needs to be maintained at a temperature within its thermo-neutral zone (Between 45 degrees Fahrenheit and 85 degrees Fahrenheit). I feel this pet should be able to withstand temperatures down to 35 degrees Fahrenheit for one and one-half hours if protected from wind chill. Keep in mind that Title 9 CFR has established that the temperatures that the animal is exposed to while inside a terminal facility must not be lower than 45 degrees Fahrenheit for more than 4 consecutive hours, nor lower than 45 degrees Fahrenheit for more than 45 minutes when moving the animal from terminal facilities or primary conveyance.

**Consignor's Name:** \_\_\_\_\_

**Consignor's Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Microchip Number:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

2. The owner's signature below indicates their understanding that the airline may not be able to maintain their pet's environment within the Animal Welfare Act's federally mandated temperature range. They understand that the veterinarian is making a subjective determination of the temperature range that their pet can tolerate, based on his/her best medical assessment and the medical history provided. As the owner of this pet, and as the best judge of their pet's capabilities to withstand hot and cold temperatures, they concur with the assessment of the veterinarian identified below. Absence of the owner or consignors signature below voids this certificate.
3. Point of contact is the undersigned at 318-439-4295.

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Typed/Printed Name

NSA Bahrain Veterinary Services  
PCS 851, Box 620  
FPO, AE 09834



CONTROLLED UNCLASSIFIED INFORMATION

DEPARTMENT OF THE ARMY  
NAVAL SUPPORT ACTIVITY BAHRAIN  
VETERINARY SERVICES  
FPO AE 09834-0007

ACKU-VS

MEMORANDUM FOR KINGDOM OF BAHRAIN, MINISTRY OF AGRICULTURE

SUBJECT: IMPORT/EXPORT OF ANIMALS

1. The information listed below is for a Department of Defense employee and/or an employee that works for the U.S. Navy. They will be **Exporting the following animal(s) from Bahrain and to** . Locations to/from are to include all Military operated installations located in the US, Europe, Asia, Africa, South America, and Australia. Information regarding this pet and owner is as follows:

<u>NAME</u>	<u>US PASSPORT #</u>

<u>PET</u>	<u>SPECIES</u>	<u>BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>COLOR</u>	<u>FAVN</u>
	CANINE (POA)					DATE RESULTS:  FAVN >/= IU/mL

<u>VACCINATIONS</u>	<u>DATE</u>	<u>LOT NUMBER</u>	<u>MANUFACTURER</u>	<u>NEXT DUE</u>
RABIES				
DAPV				
LEPTO				
PARAINFLUENZA				

2. The POC for this action is CPT Caitlin Conway at nsabahrain.vetclinic@gmail.com.

CAITLIN CONWAY  
CPT, VC  
OIC, NSA Bahrain Veterinary Services

CONTROLLED UNCLASSIFIED INFORMATION



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<u>NAME</u>	<u>US PASSPORT #</u>

<u>PET</u>	<u>SPECIES</u>	<u>BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>COLOR</u>	<u>FAVN</u>
	FELINE (POA)					RESULTS DATE:  FAVN >/=            IU/mL

<u>VACCINATIONS</u>	<u>DATE</u>	<u>LOT NUMBER</u>	<u>MANUFACTURER</u>	<u>NEXT DUE</u>
RABIES				
FVRCP				

2. The POC for this action is CPT Caitlin Conway at nsabahrain.vetclinic@gmail.com.

CAITLIN CONWAY  
CPT, VC  
OIC, NSA Bahrain Veterinary Services

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 0579-0020 and 0579-0036. The time required to complete this information collection is estimated to average .13 to .25 hours 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.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulations shall be delivered to any intermediate handler or carrier for transportation in commerce unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

**OMB APPROVED**  
0579-0020  
0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

**WARNING:** Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

**1. TYPE OF ANIMAL SHIPPED (select one only)**

Dog  Cat  Other \_\_\_\_\_  
 Nonhuman Primate  Ferret  Rodent

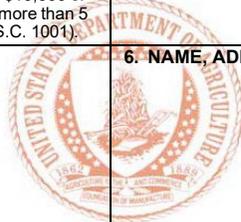
**2. CERTIFICATE NUMBER - OFFICIAL USE ONLY**

**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)**



USDA License/or Registration Number (if applicable)

**7. ANIMAL IDENTIFICATION**

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					<input type="checkbox"/> 1 YEAR	<input type="checkbox"/> 2 YEARS	<input type="checkbox"/> 3 YEARS	Vaccination Date	Product
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

**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

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

**LICENSE NUMBER AND STATE**

Accredited  Yes  No

If yes, please complete below

NATIONAL ACCREDITATION NUMBER

NOTE: International shipments may require certification by an accredited veterinarian.

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

**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**

CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS



# Dog Import Form

FORM APPROVED  
OMB NO. 0920-7383  
EXP DATE 5/37/2027

Fill out one form for each dog you are bringing into the United States. This form may be filled out by the importer or someone else acting on behalf of the importer.

If you are having difficulty completing this form due to a disability, you or someone acting on your behalf, may contact CDC-INFO at <https://www.cdc.gov/dcs/ContactUs/Form> or by calling 800-232-4636 (TTY 888-232-6348) for assistance.

Has the dog been in a country that is considered a high-risk country for dog rabies in the last six months?  
Please verify using the link [High-Risk Countries for Dog Rabies](#).

Required \*

Yes     No

## Section A- Person Importing the Animal

First Name\* \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_ Last Name\* \_\_\_\_\_  
\_\_\_\_\_

The person listed above is the: \*

Owner     Consignor (shipper)     Flight Parent     Other

Identification Type \*

Passport Num  
 Drivers Licen  
 Air Waybill/Bi

Date of Birth (mm/dd/yyyy) \*

\_\_\_\_\_  
\_\_\_\_\_

Email\* \_\_\_\_\_ Confirm Email \* \_\_\_\_\_ Phone Number\* \_\_\_\_\_  
\_\_\_\_\_

\*You will be sent a receipt at the email address you provide. You must present the receipt to U.S Customs and Border Protection and to the airline if your dog is traveling by air.

Physical address where dog will be located in the United States (cannot be PO box)

Consignee/Recipient of dog \*

Email Address \*

Street Address (No P.O. Box) \*

City\*

State\*

Zip Code\*

[ Please see "" ]

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### Section B -Animal Information

Animal Name \*

Age - Year

Month

Sex

Breed

Color/Markings

Importation Purpose \*

- Personal Pet (this includes emotional support animals)
- Commercial (rescue, resale, adoption, or other commercial purpose)
- Service Animal
- Government-owned animal
- Education, Exhibition, or Research

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### Section C - Travel Information

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### Section D - Signature

The term "I" refers to the importer meaning the individual bringing the dog into the United States.  
The information given in this application is complete and true to the best of my knowledge and belief.

I acknowledge there are additional requirements that must be met at the time of entry for dogs that have been in high-risk countries six months prior to entering the United States.

I understand that CDC reserves the right to request additional documentation verifying this information upon arrival in the United States.

I understand that any false statement knowingly and willfully made in connection with the application may subject me to criminal penalties under 18 U.S.C. § 1001.

I will comply with all applicable CDC import regulations and requirements.

Check one\*

- I am the importer. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.
- This form was prepared by someone authorized to act on behalf of the importer. The information on this form was provided by the importer. The importer acknowledges and agrees to the above Terms of Acceptance. Please sign below as follows: [Your Name] on behalf of [Name of Importer].

Legal Signature: Typed First, Middle Initial and Last Name \*

Signature Date (mm/dd/yyyy) \*

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Public reporting burden of this collection of information is estimated to average 7 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1383