



DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY
BAHRAIN
FPO AE 09834-2800

NAVSUPACT BAHRAININST 6401.3A
N00
19 July 2017

U.S. NAVAL SUPPORT ACTIVITY BAHRAIN INSTRUCTION 6401.3A

Subj: PET POLICY

Ref: (a) SECNAVINST 6401.1B
(b) NAVSUPACT BAHRAININST 3440.4A

Encl: (1) DD Form 2341, Report of Animal Bite
(2) Pet Policy Deviation Special Request Form

1. Purpose. To prescribe the pet policy for bringing Privately Owned Animals (POA) onboard U.S. Naval Support Activity (NSA) Bahrain.
2. Cancellation. NSABAHRAININST 6401.3
3. Applicability. This instruction applies to all personnel stationed onboard NSA Bahrain. Violators may be subject to disciplinary actions in accordance with the Uniform Code of Military Justice and/or appropriate military or civilian administrative action.
4. Background
 - a. Primary Installation Veterinary services are prioritized as follows:
 - (1) Food Safety, Security, and Quality Assurance
 - (2) Military Working Dog Health and Welfare
 - (3) Comprehensive Quality Animal Care Program for Privately Owned Animals (POAs)
 - b. Definitions
 - (1) Pet. A privately-owned animal living in association with a household.
 - (2) Registered Pet. A pet that has been examined by the base veterinarian, and displays a NSA Bahrain Access Tag.

(3) Government Owned Animal (GOA) Cats. Cats living on base that are marked by an ear tag. These cats are known to be spayed/neutered, and have had their vaccinations and reoccurring exams.

(4) Feral Animal. Animals that have become wild and normally do not have collars or tags.

(5) Stray Animal. Generally, a pet animal running freely, not under supervision, and uncontrolled.

(6) Neglect. Failure to provide proper care for a pet animal. Proper care includes, but is not limited to: adequate protection from weather, adequate food and water, and adequate human supervision.

(7) Abuse. Willful injury or mistreatment of an animal.

(8) Handicap Assistance Animals. Includes seeing eye dogs, hearing ear dogs and other certified handicap assistance dogs, this also includes Human Animal Bond (HAB) certified animals.

5. Policy. Violations of this lawful general order is punishable by the UCMJ and may result in disciplinary action.

a. Pet Owner Responsibilities. Military personnel, civilian employees, DoD dependent pet owner responsibilities include, but are not limited to, the following:

(1) General care and actions of their pet, to include maintaining vaccinations up to date as determined necessary by the Installation Veterinarian and Host Nation Laws.

(2) An arrival exam for a family pet (dog or cat) at the Installation Veterinary Clinic during check-in is mandatory. The owner must have proof of vaccinations. Members are required to have all pets in their custody examined by the base Veterinarian within 30 days of their arrival date in Bahrain. Microchips are not required, but are recommended (required for registering with base veterinarian). Unregistered pets are ineligible for Installation Veterinary services and are not permitted on NSA Bahrain.

(3) All dogs and cats must wear collars with identification tags with name and pet owner information. Pets shall also wear the NSA Bahrain Access tag that is available by the Installation Veterinarian upon proper registration. Pet registration allows security personnel to identify and grant permit access to NSA Bahrain for pets who have met requirements of

paragraph 5. Reporting loss (including death), sale, or transfer of ownership of a pet to the Installation Veterinary Clinic is mandatory. Re-registration of a pet prior to adoption/transfer is also mandatory.

(4) No less than 30 days prior to permanent change of station, pet owners must check with the Installation Veterinary Clinic for proper documents needed for Permanent Change of Station. Personnel departing the area and not taking their pets are responsible for the proper and humane disposition of their animals. Owners of these animals will make every effort to find a suitable home. All Service members who knowingly abandon their pets will be subject to disciplinary action under the Uniform Code of Military Justice.

(5) Pet owners shall ensure that they clean up after their pet in all areas of NSA Bahrain. This includes, but is not limited to any entry, walkway, or landscaped area of any building/facility. This will assist in maintaining the appearance of all landscaping associated with buildings/ facilities onboard NSA Bahrain.

(6) Avoid stray animals.

(7) Report cases of aggressive, abused, sick, abandoned, or neglected animals to the NSA Bahrain Naval Security Forces Dispatch at 439-3283/4463.

(8) Feeding any GOA, stray or feral animals on NSA Bahrain is strictly prohibited.

(9) Be familiar with NSABAHRAININST 3440.4, NEO/DRO (Evacuation) and NSABAHRAININST 3440.6, Sheltering and Move-Aboard Instructions.

b. Animal Bites. A person bitten or scratched by any animal must report to the NSA Bahrain Naval Health Clinic to fill out a DD Form 2341, Report of Animal Bite - Potential Rabies Exposure. Copies of the report will be sent to the NSA Bahrain Naval Security Forces and the Base Veterinarian Clinic. The owner of the animal must contact the Base Veterinarian at 439-4295 for further instructions. If the bite occurs by a feral or stray animal, do not attempt to catch it.

c. Authorized Pet Areas

(1) Attended, registered, and properly tagged pets are permitted onboard NSA Bahrain. Pet feces must be cleaned up immediately and all pets must be kept on a leash and under positive control of a capable person at all times. Owners/handlers are responsible for the well-being of their pet while on NSA Bahrain. Pets cannot be tethered/tied to any facility, fence, or object while the owner takes part in another event.

(2) Only pets that have been examined by the Base Veterinarian and are properly tagged are allowed to use the dog park.

Note: All pets must remain on a leash at all times!

d. Unauthorized Pet Areas. The following restrictions are not meant to punish pets or their owners but to ensure the safety and comfort of all installation and event patrons.

e. Military Working Dogs and Handicap Assistance Animals are not pets and are authorized in all areas of NSA Bahrain.

(1) Pets are prohibited from entry into any offices, barracks, playgrounds, exchange outlets, dining facilities, snack bars, theater, club, school, hospital, and dental facilities.

(2) All Morale Welfare and Recreation and other community sponsored events such as holiday celebrations and concerts are “pet free” unless specifically advertised as a pet friendly event.

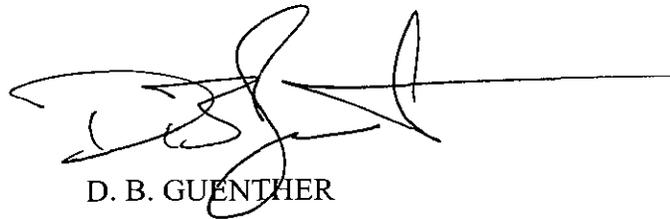
(3) Pets shall not be left unattended inside a motor vehicle onboard NSA Bahrain.

6. Special Circumstances

a. Any venue/organization wishing to bring in outside animals must contact the Base Veterinarian no less than 30 days prior to the animal(s) being brought onboard.

b. Exceptions to this policy must be submitted in writing to the Commanding Officer, NSA Bahrain, via member’s Chain of Command.

7. Review and Effective Date. Per OPNAVINST 5215.17A, NSA Vet Clinic will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire five years after the effective date unless reissued or canceled prior to the five year anniversary date, or an extension has been granted.



D. B. GUENTHER

Distribution:
NAVSUPPACT BAHRAININST 5216.1U (List I and II)

REPORT OF ANIMAL BITE - POTENTIAL RABIES EXPOSURE <i>(Please read Privacy Act Statement before completing this form.)</i>				SEQUENCE NUMBER	
PRIVACY ACT STATEMENT					
This statement serves to inform you of the purpose for collecting your personal information required by the Report of Animal Bite - Potential Rabies Exposure form and how it will be used.					
AUTHORITY: 10 U.S.C. 55, Medical and Dental Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDD 6490.02E, Comprehensive Health Surveillance; DoDI 6015.23, Delivery of Healthcare at Military Treatment Facilities; Foreign Service Care, Third-Party Collection, Beneficiary Counseling and Assistance Coordinators; Office of the Assistant Secretary of Defense Health Affairs, Public Health Shared Service Memo, Oct 31, 2014; and E.O. 9397 (SSN), as amended.					
PRINCIPAL PURPOSE(S): To collect information necessary to record the history and assessment of rabies risk to a person who has possibly been exposed to rabies through an animal bite or other route, and to record exam observations, animal laboratory findings, disposition results, and follow-up care for that person.					
ROUTINE USE(S): Your records may be disclosed outside of DoD to aid in preventive health and communicable disease control programs and report medical conditions to Federal, state, and local agencies as required by law. Use and disclosure of your records may also occur in accordance with the DoD Blanket Routine Uses published at http://dpcld.defense.gov/Privacy/SORNs/index/BlanketRoutineUses.aspx and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)).					
DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in the improper treatment and care being administered to the patient.					
1. PATIENT IDENTIFICATION					
a. NAME (Last, First, Middle Initial)		b. SEX	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP TO SPONSOR	
e. BENEFICIARY STATUS		f. COMPONENT STATUS		g. DEPARTMENT/SERVICE	
h. SPONSOR NAME (Last, First, Middle Initial)		i. FAMILY MEMBER PREFIX (FMP)	j. SSN/DoD EIDN		k. RANK/GRADE
l. UNIT		m. WORK PHONE	n. HOME/CELL PHONE	o. EMAIL ADDRESS	
PART I - ANIMAL BITE HISTORY (To be completed by Emergency Department or Primary Care Interviewer)					
2. DESCRIPTION OF ANIMAL				3. DATE/TIME OF INCIDENT	
a. TYPE (Dog, cat, etc.)	b. BREED	c. SIZE	d. COLOR	e. SEX	a. DATE (YYYYMMDD) b. HOUR
4.a. PRESENT LOCATION OF ANIMAL (or last known location)			<input type="checkbox"/> ON POST	<input type="checkbox"/> OFF POST	<input type="checkbox"/> UNKNOWN
b. GEOGRAPHIC ADDRESS WHERE INCIDENT OCCURRED			<input type="checkbox"/> ON POST	<input type="checkbox"/> OFF POST	<input type="checkbox"/> UNKNOWN
5. CIRCUMSTANCES LEADING TO BITE/SCRATCH OR MUCOUS MEMBRANE EXPOSURE (with potential for contamination by saliva or neural tissue). Note if the bite or scratch was provoked/could have been provoked or unprovoked (e.g., an unexplained attack).					
6. APPARENT HEALTH OF ANIMAL (Describe abnormal or unusual behavior)			<input type="checkbox"/> NORMAL BEHAVIOR	<input type="checkbox"/> ABNORMAL BEHAVIOR	
7. ANIMAL OWNER (X if owner unknown)					
a. NAME (Last, First, Middle Initial)		b. STATUS (X one)	c. PHONE NUMBER (Include Area Code/DSN)	d. ADDRESS (Street, City, State, Zip Code)	
		<input type="checkbox"/> MILITARY			
		<input type="checkbox"/> CIVILIAN			
8. COMPLETED BY					
a. NAME (Last, First, Middle Initial)			b. TITLE		
c. SIGNATURE			d. DEPARTMENT/SERVICE/CLINIC	e. DATE PREPARED (YYYYMMDD)	

PART II - MANAGEMENT OF ANIMAL BITE CASE <i>(To be completed by Medical Officer (Information from SF 600))</i>			
9. INJURY, LOCATION ON THE BODY, AND WOUND TREATMENT		<input type="checkbox"/> ANIMAL BITE	<input type="checkbox"/> CLAW WOUND
WOUND TREATMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> OTHER	
DESCRIBE:			
10. TETANUS IMMUNIZATION GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> RECOMMENDED BUT DECLINED		11. HUMAN RABIES VACCINE INITIATED? <input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> RECOMMENDED BUT DECLINED	
13. PREVENTIVE MEDICINE/PUBLIC HEALTH CONSULTED? <input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO		14. ARMY VETERINARIAN CONSULTED? <input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO	
15. MEDICAL OFFICER			
a. NAME (Last, First, Middle Initial)		b. SIGNATURE	
PART III - MANAGEMENT OF BITING ANIMAL <i>(To be completed by Veterinarian)</i>			
16. DATE RECEIVED FROM MTF (YYYYMMDD)		17. LOCATION OF ANIMAL DURING OBSERVATION PERIOD <i>(On or off post, list point of contact if not veterinary activity)</i> <input type="checkbox"/> ANIMAL NOT FOUND (X)	
18. FINDINGS			
a. INITIAL EXAMINATION FINDINGS AND DATE			
b. RABIES VACCINE INFORMATION AND DATE(S)			
19. OBSERVED BY <i>(Include name of military or civilian agency)</i>		20. DATES OBSERVED (YYYYMMDD)	
		a. FROM	b. TO
21. END OF QUARANTINE EXAM FINDINGS		22. RESULT OF QUARANTINE <i>(X one)</i> <input type="checkbox"/> RELEASED FROM QUARANTINE <input type="checkbox"/> EUTHANIZED AND SAMPLE SUBMITTED DATE (YYYYMMDD)	
23. LABORATORY FINDINGS OF ANIMAL SUBMITTED FOR RABIES DIAGNOSIS			
a. TEST <i>(X one)</i>		b. DATE RECEIVED (YYYYMMDD)	
c. RESULTS <i>(X one)</i>			
(1) FLUORESCENT ANTIBODY		NEGATIVE	POSITIVE
(2) CELL CULTURE		NEGATIVE	POSITIVE
24. VETERINARY OFFICER			
a. NAME (Last, First, Middle Initial)		b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
PART IV - CASE REVIEW <i>(To be completed by Preventive Medicine/Public Health Officer)</i>			
25. RABIES ADVISORY BOARD		a. DATE CASE REVIEWED (YYYYMMDD) _____ <input type="checkbox"/> NOT REQUIRED	
b. COMMENTS <i>(e.g., risk assessment, vaccine series completion, serology (if conducted), etc.):</i>			
26. PREVENTIVE MEDICINE PHYSICIAN or DESIGNATED HEALTHCARE PROVIDER			
a. NAME (Last, First, Middle Initial)		b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

NSA Bahrain Pet Policy Deviation Special Request Form

Contact information

Requestor's Name: _____
Command: _____
Address: _____
E-Mail address: _____
Phone Number (Work): _____ Cell: _____

Reason/explanation for exception to policy

Commanding Officer, NSA Bahrain Approval/Disapproval

D. B. GUENTHER
Captain, U.S. Navy

Venue/Organization requesting to bring in outside animals

<u>Species</u>	<u>How many</u>	<u>How long on Base (days)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include or be prepared to show proof of Vaccinations upon Veterinarian's exam.

Veterinary Services, NSA Bahrain Approval/Disapproval

J. A. VIVIANO
Captain, U.S. Army

Enclosure (2)