Pets and Emergency Evacuation from Japan – Critical Information

GENERAL INFORMATION:

- People always have priority – animals will not displace a person
- All SOFA personnel are required by their respective installation housing policies to have their pet microchipped.
- Abandoning a domestic pet on any USFJ installation or anywhere else in Japan is prohibited and is subject to UCMJ.
- For evacuation purposes, pets are defined as domestic dogs and cats only. All other large animals or pets such as fish, birds, ferrets, rodents, reptiles, amphibians, or spiders will not be evacuated and arrangements will need to be made prior to an evacuation order.
- Only 2 pets will be evacuated per service member.
- Pets owned by unaccompanied military service members remaining in Japan, or personnel who have more than 2 pets, must have a Pet Care Plan in the event that their pet(s) must be evacuated. The Pet Care Plan is a willful agreement between two parties to transfer ownership of a pet, special power of attorney, or the arrangement of a third party to ship a pet from Japan to a designated guardian.
- Pets may be temporarily housed during personnel processing at Assembly Points, Evacuation Control Centers, or Safe Havens and evacuated when time, space, and resources permit.
- Every attempt will be made to ensure pets will be evacuated with their owners, however if a separate evacuation is required for pets, the units in charge of evacuation will ensure feeding/watering/walking after owners' departure.

PRE-EVACUATION CHECKLIST:

1) EACH pet must have its own hard airline carrier that meets International Air Transport Association (IATA) standards. The carrier must be large enough for them to stand up with head fully up and ears erect, turn around and lay down. Pets cannot be combined into one carrier.
2) Emergency Evacuation Plan Binder
    a. Rabies Certificate (DD2208) – 2 copies singed in blue
    b. Veterinary Health Certificate (DD2209 or APHIS Form 7001) – 2 copies, prefilled out and without the veterinary signature
    c. FAVN – original and current (valid for only 2 years from date of blood draw)
        i. NOTE: The FAVN is required for you to return your animal to Japan without without quarantine time. The FAVN is only valid if the pet has not lapsed on its rabies vaccination.
    d. Immunization record
    e. Animal Evacuation Card – 2 pre-filled out cards (next page)
3) 10 days of food and medications in waterproof containers or Ziploc bags.
4) Bowls for food and water that do not spill easily.
5) Well-fitting collar/harness with ID tag and a good leash. Retractable leashes are NOT recommended due to safety concerns.
6) Small plastic bags for feces disposal. Cat owners need a 10-day supply of litter and a small compact container with lid for litter storage that can fit in the cat kennel to prevent spillage when not in use by the pet in the carrier.

ACTIONS TO TAKE DURING AN EVACUATION:

- Keep control of your pet at all times! Owners/Guardians will implement appropriate measures to prevent their pet from running at large while being exercised. Dogs will not be walked by children that are not capable of controlling the animal. Owners are required to provide all care to their pets during all phases of evacuation (walking, feeding, clean-up, etc.).
- Do not feed your pet for 2-4 hours prior to travel, but continue to give water.
- Place 1 copy of the Rabies Certificate, Health Certificate, and Animal Evacuation Card in a waterproof bag attached to the kennel and keep all other copies with your carry-on documents.

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	d. SEX
e. AGE	**f. WEIGHT**	**g. PREDOMINANT BREED**	**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.

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 *(Last, First, Middle Initial)*	2. TELEPHONE NUMBER *(Include Area Code)*

3. ADDRESS *(Number, Street, City, State, ZIP Code)*

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 *(First 3 letters)*	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 *(Street, City, State, ZIP Code)*	7. VETERINARIAN	
	a. NAME	b. LICENSE NUMBER
	c. SIGNATURE	d. DATE *(YYYYMMDD)*

INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
   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.**
   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.

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 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 regulation 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
0579-0036
0579-0333

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

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
☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: 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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

CPT Sarah B. Sulkosky
Sasebo Veterinary Treatment Facility
PSC 476 Box 85
FPO, AP 96322

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

LICENSE NUMBER AND STATE
AL 6642

Accredited ☒ **Yes** ☐ **No**
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
074376

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

ANIMAL EMERGENCY EVACUATION CARD

OWNER NAME _____ RANK _____ SSN(LAST 4)_____ ANIMAL NAME_____

UNIT ASSIGNED _____ HOME OF RECORD PHONE_____

HOME OF RECORD ADDRESS_____

E-MAIL ADDRESS_____

ANIMAL DESCRIPTION: CANINE_____ FELINE_____ OTHER_____ BREED _____

MALE_____ FEMALE_____ COLOR(S)_____ MARKINGS _____

MICROCHIP #_____ NTS #_____

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	CHRONIC ILLNESS

ANIMAL EMERGENCY EVACUATION CARD

OWNER NAME _____ RANK _____ SSN(LAST 4)_____ ANIMAL NAME_____

UNIT ASSIGNED _____ HOME OF RECORD PHONE_____

HOME OF RECORD ADDRESS_____

E-MAIL ADDRESS_____

ANIMAL DESCRIPTION: CANINE_____ FELINE_____ OTHER_____ BREED _____

MALE_____ FEMALE_____ COLOR(S)_____ MARKINGS _____

MICROCHIP #_____ NTS #_____

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	CHRONIC ILLNESS