

## **\*\* Pet Evacuation During NEO \*\***

### **GENERAL INFORMATION:**

- People always have priority - animals will never displace a person.
- Only command sponsored soldiers are authorized to evacuate pets during NEO.
- All SOFA personnel are required by USFK Reg 40-5 Pet Control and Veterinary Services for Domestic Pets USFK Command Policy letter #49, 25 AUG 2008 to have their pet microchipped.

Abandoning a domestic pet on any USFK installation or anywhere else in the Republic of Korea is prohibited and is subject to UCMJ (USFK Reg 40.5).

Noncombatants are authorized to evacuate up to 2 pets per household [37 U.S.C. 476 (b)(1)(H)(i)].

Pets are defined as domestic dogs and cats. All large animals or other pets such as fish, birds, ferrets, rodents, reptiles, amphibians, or spiders will not be evacuated (USFK Reg 0.5). If you have other animals (gerbils, hamsters, rats, rabbits, guinea pigs), they must be evacuated at the owner's expense before NEO starts.

Pets owned by unaccompanied military service members remaining in Korea or pets that are in excess of the household 2 pet limit must have a Pet Care Plan in the event the pet(s) must be evacuated. The Pet Care Plan is the willful agreement between two parties to transfer care and ownership of a pet, or the arrangement of a third party to ship a pet off the Korean peninsula to a designated guardian. Pets will not be authorized NEO evacuation under an unaccompanied service member.

The animal and carrier will count against the carry-on bag limit of the pet owner or guardian if traveling in cabin. The animal care items (food, litter, bowls) will count against luggage weight allowances.

Pets may be temporarily housed during personnel processing at Assembly Points or Evacuation Control Centers and evacuated when time, space, and resources permit.

The Veterinary Service Teams in all areas will only be responsible for emergency veterinary medical service support and not general care or feeding of animals.

Every attempt will be made to ensure pets will be evacuated with their owners. If a separate evacuation is required for pets, then units in charge of NEO will be responsible for feeding/watering/walking after owners' departure.

### **ACTIONS TO TAKE PRIOR TO NEO (check list):**

- Each pet must have its own rigid (not soft) airline approved carrier that is large enough for them to stand up, turn around and lay down only. Pets cannot be combined into one carrier.
- 2 copies of valid Rabies Certificates DD2208 (May 2008) or appropriately signed civilian equivalent will be maintained in your NEO kit. Therefore, it's imperative that you keep your pet's Rabies Vaccinations up to date.
- 2 Prefilled out Veterinary Health Certificates DD2209 without the veterinary signature or date in your NEO book (kit). Any pets leaving Korea will require a veterinarian to sign and date the health certificates before departure.
- 2 Copies of prefilled out Animal Noncombatant Emergency Evacuation Card.
- Prepare at least 10 days of food supply and medications in waterproof containers or Ziploc bags (if required).
- Bowls for food and water that do not spill easily.
- Have a well-fitting collar/harness with ID tag and a good (not damaged) non-retractable leash.
- 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.
- All pets must be microchipped with an ISO 15-digit, international microchip per USFK Regulation 40-5.

## **ACTIONS TO TAKE DURING NEO:**

- Keep control of your pet at all times! Owners/Guardians will implement appropriate measures to prevent their pet from becoming a nuisance/aggressive to people or other animals by preventing their pet from running at large while being exercised.
- Dogs will not be walked by children that are not capable of preventing escape.
- Owners are required to provide all care to their pets during all phases of NEO (walking, feeding, clean up, etc.).
- Do not feed your pet for 2-4 hours prior to travel but continue to give water.
- Keep 1 copy of Rabies, Health Certificate, and Animal Noncombatant Emergency Evacuation Card in waterproof bag attached to kennel and one copy with your other carry-on documents.
- Pets 25 pounds and under:  
Pets weighing less than 25 pounds may, if circumstances allow, be treated as carry-on luggage and will replace a carry-on bag of the owner.  
These pets may travel in their carrier on the owner's lap (USFK 600-300).  
Pets over 25 pounds:  
Pets will remain with owners as long as possible. A baggage truck will accompany the buses to move pets weighing more than 25 lbs. The pet will travel in the same convoy as their owners/guardians. Pets weighing more than 25 pounds will be treated as checked baggage of the owner/guardian unless if the baggage hold is environmentally unsafe. Pets will always be transported in vehicles or placed in areas protected from extreme temperatures and inclement weather.

Still have questions? Contact your local Veterinary Treatment Facility for more information!!

# PET NEO CHECKLIST

The following documents are required for **EACH** pet (dog or cat) to qualify for evacuation:

- ISO Compliant (15 digit) microchip identification implanted under skin
- (2 copies) Current rabies vaccination with **original** rabies certificate (DD 2208 or civilian equivalent) signed in **blue ink** by a veterinarian
- (2 copies) Veterinary health certificate (DD 2209) pre-filled with pet and owner information and **date and veterinarian information left blank**
- (2 copies) Animal Noncombatant Emergency Evacuation card pre-filled
- 10 day supply of food and medication in waterproof containers (counts against luggage weight allowance)
- (Cats only) 10 day supply of cat litter with small litter box that can fit in cat carrier
- Rigid (no soft sided) airline-approved carrier that is large enough for pet to stand up, turn around, and lay down. Multiple pets cannot be combined in one carrier.
- Bowls for food and water
- 30 days supply of medications (if required)
- Well-fitting collar or harness with ID tags and non-retractable leash

Pet Name: \_\_\_\_\_

Owner Name and e-mail: \_\_\_\_\_

Unit Information: \_\_\_\_\_

## **Veterinary Treatment Facilities in Korea**

### **Camp Humphreys Veterinary Treatment Facility**

Address: BLDG 2260, Tropic Lightning Avenue, USAG Camp Humphreys

Phone number: DSN 315-737-9720/9721; commercial 050-3337-9720

Facebook page: <https://www.facebook.com/CampHumphreysVeterinaryServices/>

### **Osan AB Veterinary Treatment Facility**

Address: BLDG 766 Utah Street, Osan AB

Phone Number: DSN 315- 737-9820/9821

Facebook: <https://www.facebook.com/OsanABVeterinaryServices/>

Website: <https://phcp.health.mil/Commands/Veterinary-Readiness-Activity-Korea/Osan-Air-Base/>

### **Camp Casey Vet Clinic**

Address: Building S-1876, Camp Casey, Dongduchon-Si Gyeonggi-KO, 99999

Phone number: DSN 315-737-9771

Facebook page: <https://www.facebook.com/CampCaseyVeterinaryServices?mibextid=ZbWKwL>

### **Camp Walker Veterinary Treatment Facility**

Address: Pennsylvania Ave., Building U-231, Camp Walker, APO AP 96218

Phone Numbers: DSN 315-737-9831, 315-737-9832

Facebook Page: <https://www.facebook.com/CampWalkerVeterinaryServices/>

# SPECIAL POWER OF ATTORNEY FOR PET CARE

## PRINT LEGIBLY

I \_\_\_\_\_ hereby appoint \_\_\_\_\_ (Name of Agent) \_\_\_\_\_ (Phone) as my agent to make initialed pet care decisions listed below, except to the extent that I state otherwise in this document or as permitted by law. This Special Power of Attorney shall remain in effect in the event that I become unable to care for my pet(s) due to my incapacitation.

## STATEMENT OF DESIRES, SPECIAL PROVISIONS AND LIMITATIONS REGARDING CARE OF MY PET(S).

I authorize my agent the following powers:

\_\_\_\_\_ To make decisions for and care for my pet(s) on a day-to-day basis. This includes walking, feeding, bathing, transporting, and providing medication to my pet(s).

\_\_\_\_\_ To make routine medical and/or healthcare decisions for my pet(s), including taking my pet(s) to the veterinarian or animal hospital.

\_\_\_\_\_ To make emergency medical decisions for my pet(s), including emergency surgery, and emergency medicine.

\_\_\_\_\_ To sign any documents necessary to provide my pet(s) with medical care.

\_\_\_\_\_ To arrange for and sign any documents necessary to ship my pet(s) to a location outside of Japan.

\_\_\_\_\_ To arrange for and sign any documents necessary to ship my pet(s) to a location inside of Japan.

\_\_\_\_\_ Should my pet(s) be unable to continue living with a comfortable quality of life, I authorize my agent to direct that the pet(s) be humanely euthanized.

### If I should die or be permanently incapacitated:

\_\_\_\_\_ I authorize my agent to use his/her best judgement in either finding good homes for my pet(s) or allowing a licensed animal shelter or veterinary hospital to place my pet(s). I realize that there is the possibility that my pet(s) may be euthanized if suitable homes cannot be found.

### The name of my pet(s) primary veterinarian or animal hospital is:

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

**Other specific desires:** \_\_\_\_\_ Yes \_\_\_\_\_ No (Circle your choice and initial beside it.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

# SPECIAL POWER OF ATTORNEY FOR PET CARE

## Inventory of Pets

Name of Pet	Breed, Sex, Description	Age

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. (expiration date).

Notwithstanding my inclusion of a specific expiration date herein, if on or before the above-specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," or if I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status or sixty (60) days after I have recovered from such disability unless sooner revoked or terminated by me.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney at MCAS Iwakuni, Japan, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. (today's date)

\_\_\_\_\_  
Signature of Grantor

### ACKNOWLEDGEMENT

With the United States Armed Forces

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before the undersigned officer or other person authorized to serve as a federal notary under 10 U.S.C. § 1044a, personally appeared \_\_\_\_\_, satisfactorily proven, (a) by presentation of a valid military identification card, or (b) other state or federal government issued identification card, to be (a) serving in or retired from the Armed Forces of the United States, or (b) a lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person serving with, employed by, or accompanying the Armed Forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same. And the undersigned does further certify that he or she is at the date of this certificate an officer or other person of the Armed Forces of the United States having the general powers of a notary public under the provisions of Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632; 101-510; and 114-328).

AUTHORIZED TO ACT AS A NOTARY  
PUBLIC UNDER THE PROVISIONS OF  
SECTION 1044a OF TITLE 10 OF THE  
UNITED STATES CODE.  
NO SEAL REQUIRED BY LAW.

\_\_\_\_\_  
Signature of Notary  
Name of Officer/Notary:  
Branch of Service and Grade: USMC /  
Command or Organization: Legal Assistance

## ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME \_\_\_\_\_ RANK \_\_\_\_\_ SSN \_\_\_\_\_ 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

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MEDICATION \_\_\_\_\_ Times a day 1 2 3 4

CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS

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OWNER NAME \_\_\_\_\_ RANK \_\_\_\_\_ SSN \_\_\_\_\_ ANIMAL NAME \_\_\_\_\_

UNIT ASSIGNED \_\_\_\_\_ HOME OF RECORD ADDRESS \_\_\_\_\_

HOME OF RECORD PHONE \_\_\_\_\_

ANIMAL DESCRIPTION: CANINE \_\_\_\_\_ FELINE \_\_\_\_\_ OTHER \_\_\_\_\_ BREED \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ COLOR(S) \_\_\_\_\_ MARKINGS \_\_\_\_\_

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