IMPORTATION OF PETS TO BAHRAIN

NOTE for AMC: Contact PSD or the AMC terminal directly to verify that your pet(s) have a space reserved on your flight(s). Also verify their shipping kennel requirements, weight restrictions, fees and any special shipping procedures or documents they may require upon check-in.

NOTE for COMMERCIAL: Contact your airline directly to verify that your pet(s) have a space reserved on your flight(s). Also verify their shipping kennel requirements, weight restrictions, fees and any special shipping procedures or documents they may require upon check-in. Please remember that some airline companies have travel restrictions based on weather temperatures, call to verify any restrictions or limitations and if they will apply to your pet(s).

REQUIREMENTS:

MUST provide a history of ***AT LEAST TWO DOSES*** of required vaccines within pets lifetime*

****ALL** vaccines ***must*** be given no less than 30 days from flight and no more than 12 months from flight**

- **VACCINATIONS and MICROCHIP:**
  - ***CURRENT*** annual vaccinations:
    - Dogs: Rabies, DA2PP combo, Leptospirosis
      - Highly recommend Bordetella
    - Cats: Rabies, FVRCP combo
  - Signed **ORIGINAL** rabies certificate
    - Qualifying anti-rabies vaccination does not occur until after microchip implantation
  - Microchip
    - ISO compliant
    - 10-15 digit (alpha-numeric)
    - Must NOT have (*) in sequence or end in letter (A)

- **IMPORT MEMORANDUM:**
  - Obtain Import Memo from NSA Bahrain VTF after verification of current vaccinations
    - Either yourself or your sponsor may obtain the memo
    - Please provide your pets vaccination information to our office either via email (NSA.vetclinic@me.navy.mil) or through your sponsor

- Take Import Memo to Kingdom of Bahrain Ministry of Agriculture Animal Wealth Directorate Veterinary Quarantine Office
    - Directions and Hours are listed below

- **ANIMAL IMPORT CERTIFICATE (PERMIT)**
    - Veterinary Quarantine Office will issue *Animal Import Certificate*
        - **Hours of Operation: Sunday thru Thursday 0730-1300**
        - Phone Number: 1764-3373
        - BLDG 201 AVE 62
          BLOCK 762 Buri
          Kingdom of Bahrain
        - GPS: 26.157711 ; 50.488186
    - Bring Import Memo and required fee
    - **Cost** for certificate is **BD17** (Bahraini Dinar) per pet
    - Import Certificate is **only valid for 30 days after date of issue**

*****YOUR SPONSOR MUST MEET YOU AT THE AIRPORT WITH THE ORIGINAL IMPORT PERMIT FOR YOUR PET(S) TO CLEAR THE CUSTOMS OFFICE*****

- **HEALTH CERTIFICATES**
    - APHIS Form 7001 (United States Interstate and International Certificate of Health Examination)
    - 2012 EU Veterinary Certificate
        - Cannot be issued until after 21 days post rabies vaccination
        - Valid for entry into EU member states for 10 days
        - Valid for travel between EU member states for 4 months

- **As of 1 FEB 2013:**
    - All pets entering the EU through any Military Air Terminal or Commercial International Airport may potentially have to pay an EU Import Fee at the airport Customs Office
    - At each airports discretion the fee may be paid with cash or a credit card
    - Fee can be approximately between €35,00 - €100,00 per pet

- **Register with NSA Bahrain VTF within 7 days of arrival in Bahrain**
    - No appointment needed
    - Walk-in with your pet(s) and their records anytime during our working hours:
      Sunday – Thursday
      0800-1200 ; 1300-1600

DIRECTIONS TO THE VETERINARY QUARANTINE FACILITY

Open Sunday – Thursday 0730-1300
Office Phone: 1764-3373
GPS: 26.157711 ; 50.488186

From the base:

1. Take a left at the Grand Mosque onto Al Fatih Highway.

2. Stay in the FAR RIGHT lane(s) and veer right onto Shaikh Isa Bin Salman Highway (towards Isa Town/Sitra/Saudi Arabia).

3. Immediately move over to the FAR LEFT lane(s) and go under the Sitra Exit (1st overpass).

4. Pass the Isa Town Exit (2nd overpass) and the Riffa/Internation Circuit Exit (3rd overpass).

5. Take the Budaiya Exit (4th overpass) and turn left at light.
   CAUTION: PAST THIS EXIT IS THE ENTRANCE TO SAUDI CAUSEWAY

6. Pass the strip mall on the right hand side.

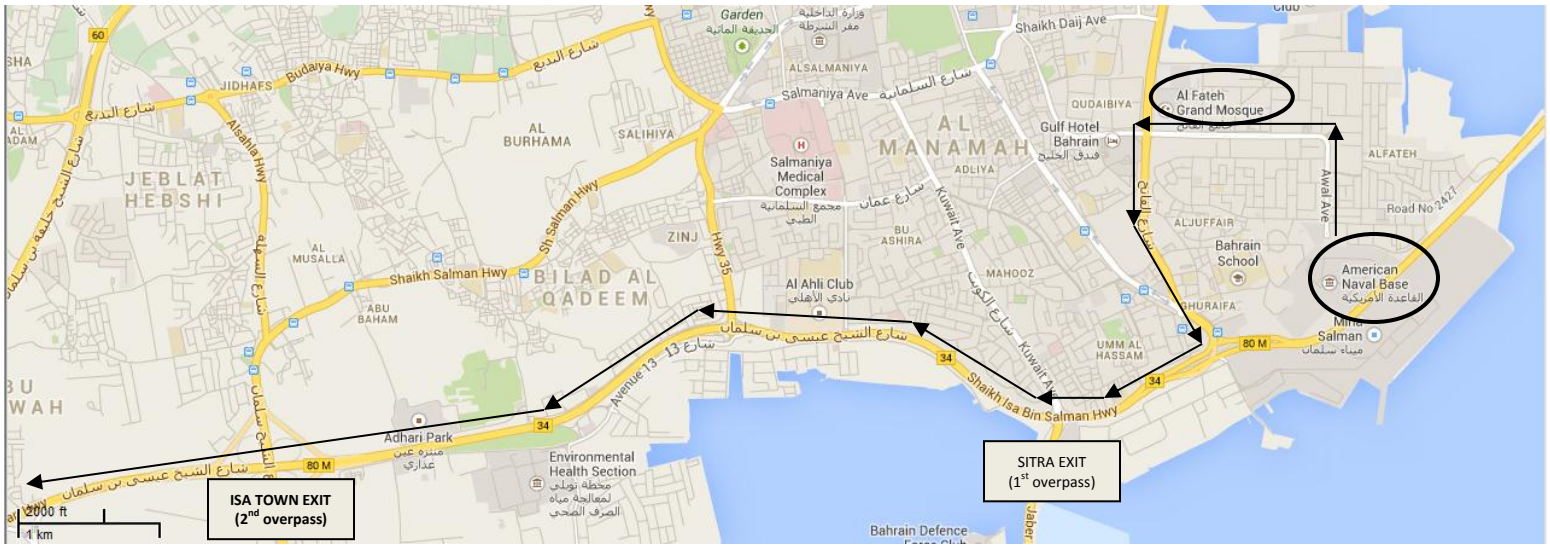
7. Pass the Batelco Compound and the Bahrain Defense Force Base. (Right side)

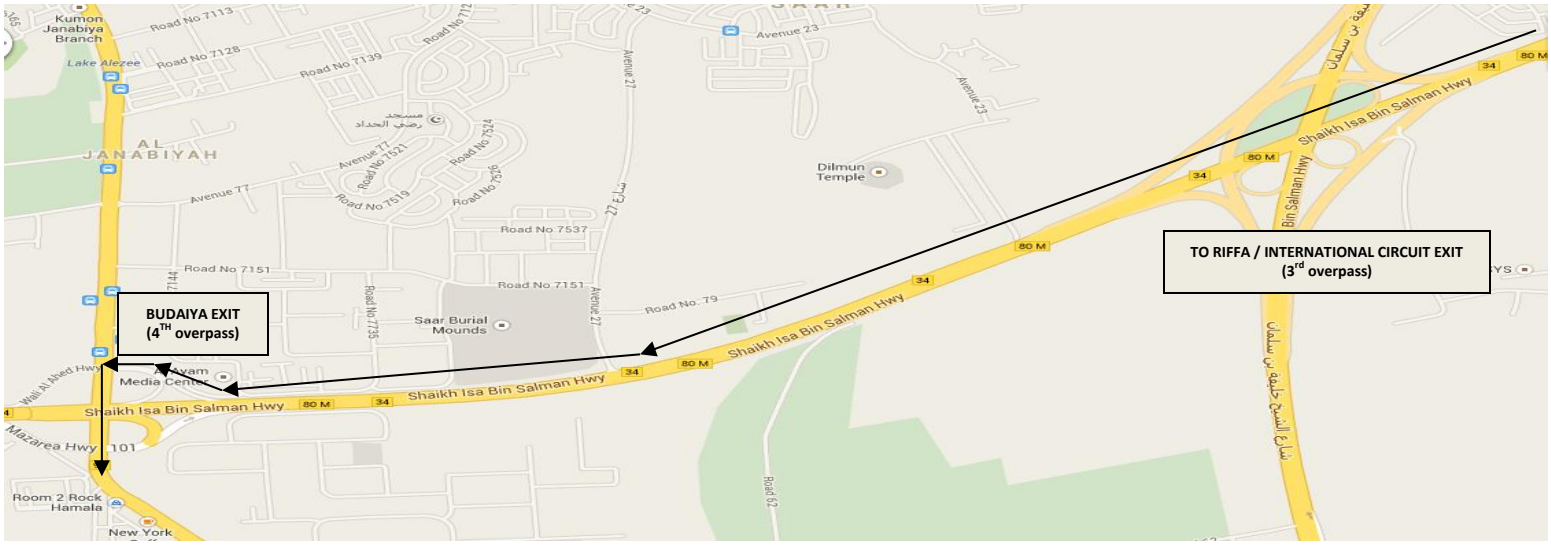
8. Look for "Salman Road" sign and "Animal Wealth Directorate Veterinary Quaranitne" sign (on the left side), and take that road. There will be a very small bridge that goes over some exposed pipes on the ground.

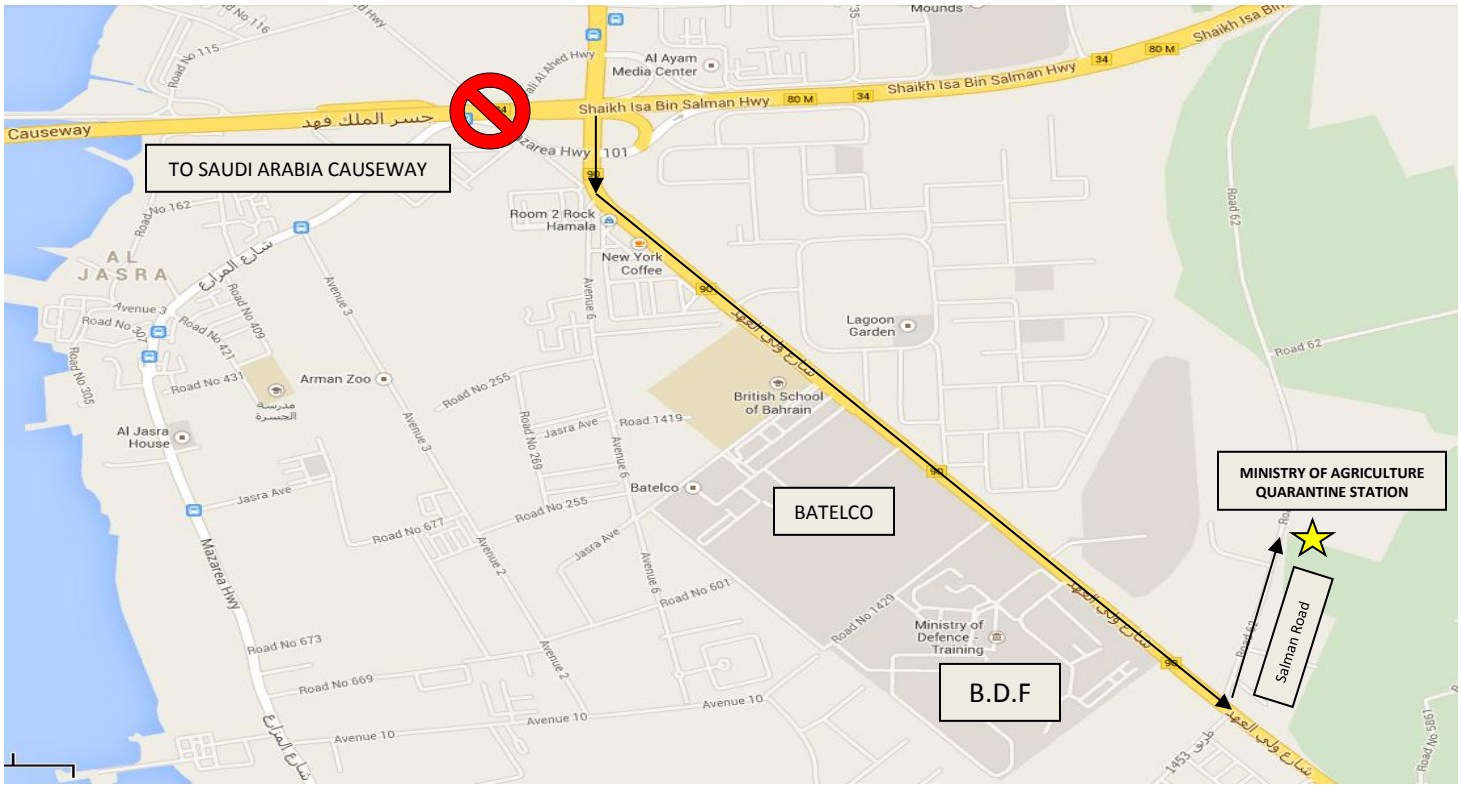
9. Go approximately 1km down the road. You will pass some villas and further down there are some greenhouses on the right side, and the Veterinary Quarantine Office will be right after that.

10. Park outside of the compound, go through walk in gate and to office building directly in front of gate. Enter building and there will be an office on the left hand side. This is where you will get your Import Certificate.

    Please look over the memorandum that we type for you. If any information is incorrect, they will not issue you the Certificate. **The Import Fee is BD17 for EACH pet.**


ISA TOWN EXIT
(2nd overpass)
SITRA EXIT
(1st overpass)
Al Fateh Grand Mosque
American Naval Base
Shaikh Isa Bin Salman Hwy
Shaikh Salman Hwy
Budaiya Hwy
Salmaniya Ave
Shaikh Daij Ave
Awal Ave
Kuwait Ave
Avenue 13
Adhari Park
Environmental Health Section
Al Ahli Club
Salmaniya Medical Complex
Gulf Hotel Bahrain
Bahrain School
Bahrain Defence
JIDHAFS
AL BURHAMA
SALIHIYA
AL MANAMAH
ALSALMANIYA
QUDAIBIYA
ADLIYA
ALFATEH
ALJUFFAIR
MAHOOZ
UMM AL HASSAM
BILAD AL QADEEM
JEBLAT HEBSHI
AL MUSALLA
ABU BAHAM
ZINJ
BU ASHIRA
Road No 2427
2000 ft
1 km


BUDAIYA EXIT
(4TH overpass)
TO RIFFA / INTERNATIONAL CIRCUIT EXIT
(3rd overpass)
Shaikh Isa Bin Salman Hwy
Mazarea Hwy
Al Ayam Media Center
Dilmun Temple
Saar Burial Mounds
Kumon Janabiya Branch
Lake Alezee
AL JANABIYAH
Room 2 Rock Hamala
New York
Road No 7151
Road No 7537
Avenue 77
Avenue 23
Avenue 27


TO SAUDI ARABIA CAUSEWAY
BATELCO
B.D.F
MINISTRY OF AGRICULTURE QUARANTINE STATION
Salman Road
Causeway
Shaikh Isa Bin Salman Hwy
Mazarea Hwy
Al Ayam Media Center
Room 2 Rock Hamala
New York Coffee
Lagoon Garden
British School of Bahrain
Batelco
Ministry of Defence - Training
Arman Zoo
Al Jasra House
AL JASRA
Jasra Ave
Road No 1419
Road No 255
Road No 677
Road No 673
Road No 669
Road No 601
Road No 1429
Avenue 10
Avenue 2
Avenue 3
Avenue 6
Road 62

EXAMPLE PAGE

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)
[X] Dog [ ] Cat [ ] Other_____
[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY
(YYYYMMDD-POA-last four digits of microchip #)
20140701-POA-3456

3. TOTAL NUMBER OF ANIMALS
1

4. PAGE
1 OF 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
TO COMPLETE THE FORM ONLINE GO TO:
http://www.aphis.usda.gov/library/forms/pdf/APHIS7001.pdf
SHIPPING FROM: NAME, ADDRESS AND PHONE NUMBER OF SENDER

USDA License/or Registration Number (*if applicable*)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
SHIPPING TO: THIS IS THE PERSON RECEIVING THE ANIMAL IN THE FOREIGN COUNTRY WITH A FOREIGN ADDRESS OR MILITARY BASE ADDRESS AND CONTACT PHONE NUMBER

ENSURE THAT THE PET OWNER HAS PROVIDED THIS INFORMATION BEFORE ACCREDITED VETERINARIAN SIGNS THE BOTTOM RIGHT (ISSUING VETERINARIAN SPACE)

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)	123 456 789 123 456	DOBERMAN	3Y	F	BROWN/WHITE
(2)	(MUST BE ISO COMPLIANT)				
(3)					
(4)					
(5)					
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION
[ ] 1 YEAR [ ] 2 YEARS [X] 3 YEARS

Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date	Product Type and/or Results
01 JAN 2014	IMRAB 3TF / MER	01JAN14	DA2PP
		01JAN14	LEPTO
		01JAN14	BORDETELLA
		01JAN14	4DX - neg

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
ANY STATEMENTS REQUIRED BY THE COUNTRY OR TEMPERATURE/CLIMATE STATEMENTS REQUIRED DURING TRAVEL

USE BLUE INK ON FORM

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).

[X] I have verified the presence of the microchip, if a microchip is listed in box 7.

[X] 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.

[X] 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
USDA OR MILITARY VETERINARIAN COMPLETES THIS SECTION

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
YOUR VETERINARIAN FIRST AND LAST NAME MUST APPEAR HERE WITH THE CLINIC NAME, ADDRESS AND PHONE NUMBER WITH STATE LICENSE NUMBER, STATE AND NATIONAL ACCREDITATION NUMBER IN THE BOXES TO THE RIGHT

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

LICENSE NUMBER AND STATE

Accredited [X] **Yes** [ ] **No**
If yes, please complete below
NATIONAL ACCREDITATION NUMBER

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

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.

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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

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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		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

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

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 ISSUING VETERINARIAN **DATE**

This certificate is valid for 30 days after issuance

COUNTRY:

Veterinary certificate to EU

Part I : Details of dispatched consignment

I.1. Consignor
Name
Address

Tel.

I.2. Certificate reference No (YYYYMMDD-POA-last 4 MC)

I.2.a.

I.3. Central competent authority USDA APHIS, Veterinary Services

I.4. Local competent authority

I.5. Consignee
Name
Address

Postal code

I.6.

I.7. Country of origin

ISO code

I.8.

I.9.

I.10

I.11.

I.12.

I.13.

I.14.

I.15.

I.16.

I.17. No(s) of CITES

I.18. Description of commodity

I.19. Commodity code (HS code)

I.20. Quantity

I.21.

I.22.

I.23.

I.24.

I.25. Commodities certified for:
Pets ☐

I.26.

I.27.

I.28. Identification of the commodities

Species (Scientific name)	Identification system	Date of application of the microchip or tattoo [dd/mm/yyyy]	Identification number	Date of birth [dd/mm/yyyy]
	ISO microchip			

COUNTRY

Non-commercial movement of five or less dogs, cats or ferrets

II. Health information	II.a. Certificate reference No	II.b.

Part II: Certification

I, the undersigned official veterinarian of ..... (*insert name of third country*) certify that:

II.1. based on the declaration in point II.7, the animals satisfy the definition of 'pet animals' as provided for in point (a) of Article 3 of Regulation (EC) No 998/2003;

II.2. at least 21 days have elapsed since the completion of the primary vaccination against rabies[1] carried out in accordance with the requirements set out in Annex Ib to Regulation (EC) No 998/2003 and any subsequent revaccination was carried out within the period of validity of the preceding vaccination[2] and details of the current vaccination are provided in the table in point II.4.

[3]*either* [II.3. the animals come from a third country or territory listed in Section 2 of Part B or in Part C of Annex II to Regulation (EC) No 998/2003;]

[3]*or* [II.3. the animals come from or are scheduled to transit through a third country or territory not listed in Annex II to Regulation (EC) No 998/2003 and since the dates indicated in the table in point II.4 when blood samples were taken not earlier than 30 days after vaccination from each of the animals by a veterinarian authorised by the competent authority which subsequently proved antibody titres equal to or greater than 0.5 IU/ml in a virus neutralisation test for rabies carried out in an approved laboratory[4][5] at least 3 months have elapsed and any subsequent revaccination was carried out within the period of validity of the preceding vaccination[2];]

II.4. the details of the current anti-rabies vaccination and the date of sampling are the following:

Microchip or tattoo number of the animal	Date of vaccination [dd/mm/yyyy]	Name and manufacturer of vaccine	Batch number	Validity [dd/mm/yyyy]		Date of the blood sample [dd/mm/yyyy]
				From	To	

[3]*either* [II.5. the dogs have not been treated against *Echinococcus multilocularis*;]

[3]*or* [II.5. the dogs have been treated against *Echinococcus multilocularis* and the details of the treatment are documented in the table in point II.6;]

II.6. the details of the treatment carried out by the administering veterinarian in accordance with Article 7 of Commission Delegated Regulation (EU) No 1152/2011[6] are the following:

Microchip or tattoo number of the dog	Anti-echinococcus treatment		Administering veterinarian
	Name and manufacturer of the product	Date [dd/mm/yyyy] and time of treatment [00:00]	Name (in capital), stamp and signature
		[7]	
		[8]	
		[8]	
		[8]	
		[8]	

COUNTRY

Non-commercial movement of five or less dogs, cats or ferrets

II. Health information	II.a. Certificate reference No	II.b.

II.7. I have a written declaration signed by the owner or the natural person responsible for the animals on behalf of the owner, stating that:

DECLARATION

I, the undersigned .....

[owner or the natural person responsible for the animals described above on behalf of the owner]

declare that the animals will accompany me, the owner, or the natural person that I have designated to be responsible of the animals on my behalf and are not intended to be sold or transferred to another owner.

Place and date: Signature:

Notes

(a) The original of each certificate shall consist of a single sheet of paper, or, where more text is required it must be in such a form that all sheets of paper required are part of an integrated whole and indivisible.

(b) The certificate shall be drawn up at least in the language of the Member State of entry and in English. It shall be completed in block letters in the language of the Member State of entry or in English.

(c) If additional sheets of paper or supporting documents are attached to the certificate, those sheets of paper or document shall also be considered as forming part of the original of the certificate by the application of the signature and stamp of the official veterinarian, on each of the pages.

(d) When the certificate, including additional sheets referred to in (c), comprises more than one page, each page shall be numbered, (page number) of (total number of pages), at the end of the page and shall bear the certificate reference number that has been designated by the competent authority at the top of the pages.

(e) The certificate is valid for 10 days from the date of issue by the official veterinarian until the date of the checks at the EU travellers' point of entry and for the purpose of further movements within the Union, for a total of 4 months from the date of issue of this certificate or until the date of expiry of the anti-rabies vaccination, whichever date is earlier.

(f) The competent authorities of the exporting third country or territory shall ensure that rules and principles of certification equivalent to those laid down in Directive 96/93/EC are followed.

Part I:

Box I.11.: Place of origin: name and address of the dispatch establishment. Indicate approval or registration number

Box I.28.: *Identification system* : Select of the following : microchip or tattoo

Date of application of the microchip or tattoo : The tattoo must be clearly readable and applied before 3 July 2011

Identification number : Indicate the microchip or tattoo number

Date of birth : Indicate only if known

Part II:

(1) Any revaccination must be considered a primary vaccination if it was not carried out within the period of validity of a previous vaccination.

(2) A certified copy of the identification and vaccination details of the animals concerned shall be attached to the certificate.

(3) Keep as appropriate. Where the certificate states that certain statements shall be kept as appropriate, statements which are not relevant may be crossed out and initialled and stamped by the official veterinarian, or completely deleted from the certificate.

(4) The rabies antibody test referred to in point II.3:

- must be carried out on a sample collected by a veterinarian authorised by the competent authority, at least 30 days after the date of vaccination and three months before the date of import;
- must measure a level of neutralising antibody to rabies virus in serum equal to or greater than 0.5 IU/ml;
- must be performed by a laboratory approved in accordance with Article 3 of Council Decision 2000/258/EC designating a specific institute responsible for establishing criteria necessary for standardising the serological tests to monitor the effectiveness of rabies vaccines (list of approved

COUNTRY

Non-commercial movement of five or less dogs, cats or ferrets

II. Health information	II.a. Certificate reference No	II.b.

laboratories available at http://ec.europa.eu/food/animal/liveanimals/pets/approval_en.htm);

- needs not be renewed on an animal, which following that test with satisfactory results, has been revaccinated against rabies within the period of validity of a previous vaccination.

(5) A certified copy of the official report from the approved laboratory on the results of the rabies antibody tests referred to in point II.3 shall be attached to the certificate.

(6) The treatment against *Echinococcus multilocularis* referred to in point II.5 must:

- be administered by a veterinarian within a period of not more than 120 hours and not less than 24 hours before the time of the scheduled entry of the dogs into one of the Member States or parts thereof listed in Annex I to Regulation (EU) No 1152/2011;
- consist of an approved medicinal product which contains the appropriate dose of praziquantel or pharmacologically active substances, which alone or in combination, have been proven to reduce the burden of mature and immature intestinal forms of *Echinococcus multilocularis* in the host species concerned.

(7) This date must precede the date the certificate was signed.

(8) This information may be entered after the date the certificate was signed for the purpose described in point (e) of the Notes and in conjunction with footnote (6).

The signature and the stamp must be in a different colour to that of the printing.

Official veterinarian

Name (in capital letters):

Qualification and title:

Date:

Signature:

Stamp: