



**DEPARTMENT OF THE AIR FORCE
86TH AIRLIFT WING (USAF)**

**MEMORANDUM FOR KAISERSLAUTERN MILITARY COMMUNITY (KMC)
HOUSING RESIDENTS**

FROM: 86 CES/CC

SUBJECT: Installation Pet Policy for Military Family Housing (MFH)

1. In accordance with AFI 32-6001, Family Housing Management, the following standards are in effect:

a. Residents may not board dogs of any breed (including mixed breed) that are deemed “aggressive or potentially aggressive”. For purpose of this policy, aggressive or potentially aggressive breeds of dogs are defined as Pit Bull (American Staffordshire Bull Terrier or English Staffordshire Bull Terrier), Rottweiler, Doberman Pinscher, Chow and wolf hybrids. Prohibition also extends to other breeds of dogs or individual dogs that exhibit any of the following types of behavior: 1) Unprovoked barking, growling or snarling at people approaching the animal, 2) Aggressively running along a fence line when people are present, 3) Biting or scratching people, and 4) Escaping confinement or restriction to chase people.

b. Residents may not board exotic animals such as, but not limited to, reptiles, rodents (other than hamsters and guinea pigs), ferrets, hedgehogs, skunks, rats, raccoons, squirrels, pot bellied pigs, monkeys, arachnids, or any farm animal.

c. Pets must be secured with leashes or under positive control while outdoors, except in fenced patios and yards. Pets must not be left tied or unattended in exterior structures or unfenced yards or allowed to run loose outside fenced yards.

d. Breeding or raising pets for profit is prohibited. Nursing litters will not exceed 4 months after birth.

2. In accordance with local security procedures, the following standard is in effect: Pet Bites or Scratches. Receipt of an animal bite/scratch complaint, the Controller will instruct the victim to report to the Ramstein Air Base Medical Clinic or Landstuhl Regional Medical Center for treatment. A patrol will also be dispatched to investigate. A statement will be taken from the victim, and depending on the circumstances, the owner of the pet could be processed for failure to control their pet. The owner of the animal, if known, will be instructed to quarantine the pet in quarters and contact the Vogelweh Veterinary Clinic on the next duty day for additional action.

3. Pet ownership in MFH must be approved. In addition to the aforementioned policies, KMC MFH requires the following:

a. All pet owners in the KMC must register their pet(s) with the Veterinary Medical Center Europe (VMCE) located on Pulaski Barracks, Bldg 2928 (Phone: 06371-9464-1900 or DSN: 590-1900). A current rabies shot is required for registration. Documentation of the pet’s registration with the VMCE must also be provided to the Housing Office with the completed MFH Pet Registration Form within 2 weeks of accepting the unit.

b. The total number of dogs and/or cats allowed is two pets at any weight or not to exceed three with a combined weight of 150 pounds per MFH unit. Housing more than three pets requires prior approval from 86 CES/CEH.

c. Pet areas must be cleaned regularly to control and prevent vermin infestation. Pet feces must be picked up daily or immediately if the pet is outside the patio or yard. Report all dog bites or pet assaults to Security Forces, Ramstein 06371-47-2050, Vogelweh 0631-536-6060 or Landstuhl 0631-536-7070.

d. Pet abandonment is prohibited and is a punishable offense under the Uniformed Code of Military Justice, Article 134. If you are unable to find a new home for an unwanted pet, contact the Veterinary Medical Center Europe to get information on local animal shelters. Stray or unidentified pets will be reported to local security forces.

4. Violations in MFH:

a. By the sponsor, family member(s), or guest(s) may result in the removal of pet(s)/animals or termination of MFH. Residents will be issued tickets or notices when found to be in violation of this policy. Removal of the pet and/or termination of residency in MFH will be at the discretion of the 86 AW/CC, with input from the 86 CEG/CC, Base Animal Control, Security Forces, Provost Marshal and/or Veterinary Medical Center Europe. Violations of this policy that result in removal from MFH or removal of the pet, will be at the owner's expense. When the Commander orders removal, the animal must be removed from MFH property within 24 hours and the owner must present proof of removal.

b. Any dog inflicting serious injury, death, creating a nuisance, or serious hazard is subject to seizure and removal from MFH. Coordination will be made with Animal Control, Security Forces and/or the Provost Marshal for the removal of any pet in violation of this policy. A temperament test, administered at the dog owner's expense, by a Veterinary Behaviorist at the Veterinary Medical Center Europe, if available, or at an off base Veterinarian, may be required in determining whether a pet should be permanently removed or remain in MFH.

5. Additional questions regarding this policy can be addressed to Housing Facilities Section, at DSN 489-7108 or Commercial 0631-536-7108.

KILKER.KATHRYN
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KATHRYN M. KILKER, Lt Col, USAF
Commander

KMC Military Family Housing (MFH)



PET REGISTRATION FORM		
DATE		
RESIDENT NAME		
MILITARY ORGANIZATION		
PHONE NUMBERS	WORK:	HOME:
EMAIL		
NUMBER OF PETS OWNED:	PET 1	PET 2
PET NAME		
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
MALE/FEMALE		
	PET 3	
PET NAME		
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
MALE/FEMALE		
VETERINARY TREATMENT FACILITY (VTF)		
The above domestic pet(s) is/are registered at the VTF and have a current rabies immunization.		
DATE		
NAME		
JOB TITLE		
SIGNATURE (& STAMP)		
RESIDENT ACKNOWLEDGEMENT		
I have received a copy of the Installation Pet Policy for Military Family Housing (MFH) and will comply with all policy provisions. Failure on the part of the sponsor, family members or guests to do so may result in the removal of my pet(s) from military family housing or termination of assignment to military family housing.		
DATE		
SIGNATURE		
FOR HOUSING OFFICE USE ONLY		
DATE OF ASSIGNMENT		
QUARTERS ADDRESS		
DATE		
HOUSING COUNSELOR NAME		
SIGNATURE		