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U.S. ARMY VETERINARY SERVICES

**DOD HUMAN-ANIMAL BOND PROGRAM
PRINCIPLES AND GUIDELINES**

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HEADQUARTERS, DEPARTMENT OF THE ARMY

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**DOD HUMAN-ANIMAL BOND (HAB)
PRINCIPLES AND GUIDELINES**

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CHAPTER 1

INTRODUCTION

1–1. Purpose and scope

The purpose of this document is to provide guidance and principles for Human Animal Bond (HAB) programs in the Department of Defense (DOD). It outlines a multi-disciplinary approach to program planning, implementation and evaluation. This document applies to all DOD activities that operate HAB programs.

1–2. References

Appendix A provides a list of required and related references.

1–3. Explanation of abbreviations and terms

The glossary contains a list of abbreviations and terms used in this publication.

1–4. Roles and responsibilities

- a. The U.S. Army Surgeon General—
 - (1) Endorses the use of animals for therapy and service.
 - (2) Provides oversight to U.S. Army Medical Command (MEDCOM) HAB programs.
 - (3) Coordinates with The Surgeons General of the other military Services to implement program recommendations and requirements.
- b. The Chief, Veterinary Services, Defense Health Agency advises the commanders and other DOD elements on the veterinary medical aspects of the HAB Program. This includes advice on animal health, animal behavior, training standards, nutrition and housing.
- c. The Commanders, U.S. Army Regional Medical Commands—
 - (1) Establish/implement regional policies in support of HAB programs.
 - (2) Monitor and track results of HAB programs within their respective regional areas of responsibility (AOR).
- d. The Commander, U.S. Army Public Health Command—
 - (1) Provides education, at all levels, on the important roles of animals in the lives of Service members, their Family members, and DOD civilians. Those to be educated include all healthcare providers, line commanders and supervisors, policymakers, morale/welfare/recreation personnel, animal handlers, HAB program managers, animal owners, and the general public. Topics include the—
 - (a) Role of animals in HAB programs.
 - (b) Utilitarian contributions of animals (military working dogs (MWDs), service animals, etc.).
 - (c) Role of animals in military families.
 - (d) Importance of companion animals to single military members.
 - (e) Responsibilities of pet ownership.
- e. Installation veterinarians—

(1) Adhere to all requirements applicable to HAB animals according to Army Regulation (AR) 40–905 and this bulletin.

(2) Serve as advisors on public health aspects of HAB programs.

(3) Educate veterinary personnel on HAB principles. These principles include euthanasia issues, death and dying, and animal behavior.

f. Military Treatment Facility (MTF) Commanders—

(1) Establish local policy for HAB programs, to include Warrior Transition Units (WTU).

(2) Manage and direct local HAB programs.

g. The MEDCOM Proponency Office for Rehabilitation and Reintegration provides oversight and guidance for occupational/physical therapy (OT/PT) as it pertains to HAB programs.

h. The MEDCOM Behavioral Health Division provides oversight and guidance for the Behavioral Health Service Line as it pertains to HAB programs.

i. Healthcare providers—

(1) Are familiar with the employment of animals in a variety of therapeutic settings to enhance the patient healing process.

(2) Provide guidance and safety in hospital environments that use animals within their facilities.

(3) Supervise animal programs and visitation activities within their areas of responsibility to ensure program effectiveness and safety for all participants.

(4) Ensure all HAB programs are fully implemented and governed according to TB MED 4.

(5) Work only with accredited service animal programs under Assistance Dogs International.

(6) Provide patient referrals (physicians, therapists, and Warrior Transition Unit (WTU) only).

(a) Physicians: Physicians at DOD health facilities are required to provide final approval authority for a Service member's need of a service dog according to Army Directive (AD) 2013–01.

(b) Occupational therapists and physical therapists—

(1) May use AAT Dogs to assist with balance, ambulation, range of motion, strength training, sensory re-education and a variety of other unique treatment techniques. Within the clinical/hospital setting, AAT dogs can also be used with patients and family members to facilitate social interaction, emotional interaction and stress reduction.

(2) May use equine programs to focus on balance, strength, and core stability.

(c) Recreational therapists may use dogs, equines, and other animals in the community environment to promote patient reintegration.

(d) Behavioral Health providers may use approved AAT animals to improve patients' emotional, cognitive, and communication skills, with the following goals:

- Improvement in emotional regulation.
- Decreased stress, anxiety, and depressive symptoms through participation in a goal-directed, purposeful, and meaningful social activity.
- Building social and relationship skills through engagement and participation in social activities.

- Relaxing patients' hyper-vigilant states with the presence of a non-judgmental animal and participation in animal-assisted activities that promote community participation.

j. The WTU Commanders—

(1) Implement policies regarding service animals in their WTU Soldier populations.

(2) Enforce standards of selection, training, handling, care, and treatment of service dogs.

(3) Refer to the MTF commander all existing or proposed service dog placements that may be non-compliant with existing policies.

k. Recipients of service animals—

(1) Provide care and shelter throughout the animal's life.

(2) Are authorized to receive animal medical treatment according to AR 40-905.

l. The American Red Cross—

(1) Registers and trains volunteers for HAB programs.

(2) Advises animal handlers.

(3) Serves as the liaison with local HAB program managers.

CHAPTER 2

BACKGROUND

2–1. Introduction

a. The animal's role in the military has a rich history, from cavalry mounts to modern-day MWDs and Navy dolphins. However, these utilitarian roles are only the starting point for the many ways in which animals may benefit humans. Research on the dynamic interaction between humans and animals has led to discovery of the benefits conveyed by animals when facilitating therapy in a multitude of health care settings. This discovery subsequently evolved into the development of HAB programs. Such programs have increased utilization of animals in MTFs, WTUs, and other installation facilities.

b. HAB programs involve the interactions between people and animals, their attachments, and the significance of the human-animal bond to patients' mental, social, and physical health.

2–2. Historical perspectives

a. Animals' partnership with man predates written records. The earliest petroglyphs show man and beast hunting together, and mummified remains of cats have been found in ancient Egyptian tombs. Chief Seattle of the Suquamish Tribe reportedly stated, "If all the beasts were gone, men would die from a great loneliness of spirit, for whatever happens to the beasts also happens to the man. All things are connected."

b. In the military, animal mascots have long been associated with unit *esprit de corps*. Inter-Service rivalries have championed the Air Force falcon versus the Army mule or the Navy goat versus the Marine Corps bulldog. Animal mascots have been placed on official unit orders and have even been assigned rank by the adoring units that proudly parade them around the military posts. Stories abound of animal mascots serving as integral parts of combat units—offering pride, stress relief, and a sense of humility during challenging periods.

c. Over the years, the popularity of animals as human companions has risen steadily. Increasing numbers of individuals consider their pet animal to be their best friend and/or helper, and many families consider their pet to be an integral part of their family. Pets have been shown to be *bona fide* members of the family—even assisting with military family transfers or Service member deployments—as the pet is seen as a stabilizing factor for children of military families (Anderson, 1985). It has also been shown that for a married couple without children, the attachment level to the pet can be very high, implicating a "surrogate child" relationship with animals (Chumley et al., unpublished research, University of Tennessee, Knoxville, Tennessee; 1992).

d. Animals have found a place in assisting the human healthcare professional; this activity is referred to as "animal-assisted therapy" (AAT). In fact, there is an early history of AAT in U.S. military treatment facilities. The U.S. military promoted the use of dogs as a therapeutic intervention with psychiatric patients in 1919 at St. Elizabeth's Hospital in Washington, DC (Velde et al., 2005).

e. Another documented HAB program involved the DOD at Pawling Air Force Convalescent Center, Pawling, New York, in the 1940s. The Center's farm animals were integrated into the treatment milieu for the veterans and provided purposeful interaction during their convalescence. This interaction was purposefully encouraged as a part of the treatment plan. In 1942, a formal program involving dogs was begun at the facility.

f. Following World War II, Dr. Boris Levinson, a psychologist, used his own dog as a co-therapist during counseling sessions and published his findings in the 1960s. In the mid-1970s, Drs. Sam and Elizabeth Corson initiated animal visitation programs in hospital psychiatric wards and geriatrics facilities. During the late 1970s, a few notable professionals, led by Dr. Michael McCulloch, organized a group dedicated to the better understanding of the interactions between people, animals, and the environment. Interest expanded to the point that in 1981 the group became the Delta Society (now Pet Partners) with Dr. Leo K. Bustad as its first president. His leadership, along with international membership and influence, has led to the recognized benefits of human-animal bond interactions being accepted by the healthcare professions.

g. In the healthcare field, there has been an increasing emphasis on the bond that is enjoyed between humans and animals. Multiple health professions have recognized the potential health benefits of humans' interactions with animals. It has been well documented that the act of stroking a pet can significantly lower a person's blood pressure. The presence of a dog has been associated with reduced blood pressure, mean arterial pressure, heart rate, and overall distress. Friedman et al. demonstrated a decreased mortality rate in pet owners one year after their discharge from a coronary care unit (*Public Health Rep*, 1980). An increasingly robust body of research supports the many potential treatment benefits offered by companion animals in a clinical treatment setting. A timeline of the significant developments appears below.

(1) 1984–present day: Various AAA programs have operated throughout military bases, including animal visitation programs conducted at Tripler Army Medical Center (TAMC), Walter Reed AMC (WRAMC, now the Walter Reed National Military Medical Center), and Brooke AMC.

(2) 1985: Exploration of HAB applications to the Army Medical Department's (AMEDD) mission became an official component of the AMEDD study program.

(3) 1986: A Veterinary Corps Officer (Doctor of Veterinary Medicine) was designated as the HAB Adviser to The Surgeon General of the U.S. Army.

(4) 1992: A 2-year master's degree program in Public Health/Human Animal Bond was established at the University of Tennessee.

(5) 1997–2004: At the Service Dog Training Center at Fort Knox, Kentucky, local inmates trained stray dogs to become service dogs for physically disabled Veterans.

(6) 2004: The Pet Visitation Program at WRAMC added volunteers to designated clinics within the hospital's monthly animal-assisted activity (AAA).

(7) 2005: The use of animal-assisted programs at WRAMC became more formalized with the introduction of the HAB dog "Deuce" to help patients receiving OT services.

(8) 2006: The Caisson Platoon Equine-Assisted Therapy Program was initiated at Fort Myer, Virginia, to help treat wounded warriors.

(9) 2007: AAT was recognized as a valuable asset in the therapeutic process for wounded warriors returning from Iraq and Afghanistan. This concept was introduced to Combat Operational Stress Control (COSC) units in 2007 and 2008. The first two therapy dogs, Boe and Budge, were deployed with the 85th COSC to perform animal-assisted therapy/activity and provide human-animal bonds as a means of mitigating combat- and operational-related stress. Boe and Budge became well known in theater for their positive effects on the troops, thus paving the way for the formal Army policy that would create COSC animal-assisted therapy programs.

(10) 2009: Occupational Therapy programs began using AAT in WTU education programs at WRAMC; Fort Gordon, Georgia; Fort Stewart, Georgia; and Fort Bliss, Texas. OT services offered service dog training as well as behavioral and grooming programs as alternative-based training methods for mitigating post-traumatic stress (PTS) symptoms. The focus of these work- and education-related AAT programs was to engage wounded warriors with combat-related stress and to provide opportunities for skills training and human-animal bonding, thus helping to mitigate combat-related stress symptoms.

(11) 2010: The WTU Department of Social Work at Fort Carson, Colorado, implemented canine AAT for the treatment of PTS, anxiety, depression, and for emotional support.

(12) 2012: U.S. Army MEDCOM/OTSG released overarching guidance (updated on 2014) on the use of animals in the healthcare setting (service, AAA, and AAT animals).

(13) 2013: The Secretary of the Army released AD 2013–01, which provides guidance on the acquisition and use of service dogs by Soldiers.

h. There is a definite role for companion animals in the treatment of U.S. Service personnel. Involving the animals as an adjunct to traditional treatment modalities has been shown to have positive psychological and physical benefits. Although much of the evidence that supports the use of animals is anecdotal, the empirical data is increasing, with promising results.

CHAPTER 3

MODERN MILITARY APPLICATIONS

3–1. Application categories

There are several broad categories of HAB application: companion, mascot, AAA, AAT, service dogs, and military working animals.

3–2. Companion

a. Family pet. A survey of military personnel indicated that about half of U.S. military families owned pets. The vast majority of these families considered their pet to be “a part of the family” (Anderson, 1985). Thus, it becomes apparent that it is impossible to conceptualize the family as a whole without including the family pet. This factor should always be considered when family disruptions occur. A family pet has the potential to be a cause of, or a cure for, problems. Pets, either in a family or with an individual, have been shown to provide such positive benefits as unconditional affection, stimulus for exercise, humor, security, companionship, and constancy. Military veterinarians and community agencies should work with pet owners to help them maximize the benefits of pet ownership while minimizing the liabilities. The impact of pets on families at transfer time is frequently significant. The same survey demonstrated that 30 percent of all military families that had transferred from Hawaii left a pet behind. Of these, 96 percent expressed that they had experienced at least some degree of disruption or saddening as a direct result of this separation.

b. Child development centers. Many military families patronize on-installation child development centers. AR 608–10, which provides for the direction of these facilities in the U.S. Army, addresses the “use and care criteria” of pets in these facilities. The installation veterinarian plays an important role in ensuring that these criteria are met. Although the guidance is stated in a U.S. Army regulation, its principles could be applied to all branches of Service.

3–3. Mascots

Animal mascots enhance the morale of individuals and groups. In each branch of Service, mascots build a sense of pride and unity, contributing to *esprit de corps*. For example, the Army mule, Navy goat, Air Force falcon, and Marine Corps bulldog have a rich history in our Armed Services. Veterinary care for mascots is provided according to AR 40–905.

3–4. Animal-assisted activity

Animal-assisted activity, or AAA, provides opportunities for motivation, education, or recreation to enhance the quality of life for patients. These activities are delivered in various environments by specially trained professionals, paraprofessionals, and volunteers in association with animals that meet specific criteria. Examples of such activities include “meet and greet” activities during which pets and their handlers visit people on a scheduled or spontaneous basis, and programs that permit family members or friends of a facility’s residents to bring their own pet or the resident’s pet into the

facility for a visit. The same AAA may be repeated with many individuals or conducted in groups. Unlike traditional therapy programs, AAA programs are not tailored to a particular person or medical condition. Examples of AAA programs include—

a. Animal visitation to MTF patients by American Red Cross volunteers (see appendix B).

b. Animal “walkabouts,” during which Soldiers’ interaction with medical staff is increased. In this manner, the animal facilitates communication and acts as a bridge between Soldiers and medical staff.

3–5. Animal-assisted therapy

Animals have found a permanent place in assisting human healthcare professionals. The use of animals to serve as “co-therapists” has become an accepted treatment and recovery modality. Domesticated animals may provide people with unconditional love, present perpetually juvenile attributes (neoteny) which stimulate innate nurturing responses, and offer a sense of mastery. Animals also serve as catalysts to social interaction and bridges to interpersonal communication and attachment. Animals can assist in stress relief through tactile, auditory, and visual components of stimulation. Animal utilization in facilitating intake interviews and individual and/or group therapy sessions is becoming an increasingly acceptable activity in MTF behavioral health services. The programs are governed by standards, monitored regularly, and staffed by appropriately trained personnel. Examples of AAT programs include the following:

a. Psychiatry: A psychiatrist uses a dog in the office to help facilitate conversations with patients.

b. Therapeutic riding (hippotherapy): Certain patients with traumatic brain injury or autism receive beneficial therapy by riding on horses to improve balance control.

3–6. Service dogs

Animals also help individuals with disabilities by performing tasks related to the amelioration of visual or hearing deficits (seeing-eye dogs and hearing alert dogs, respectively), motor disabilities (picking up articles, adjusting light switches, or opening doors), diabetes (sensing impending ketoacidosis), and seizure disorders (sensing impending episodes and alerting patients in time to take prophylactic medications).

3–7. Military working animals

Animals possess innate abilities that far exceed those of their human counterparts. People have teamed with these animals and, following specialized training, have put the animals’ abilities to great use. Working animals’ unique hearing, smell, strength, and speed enable the military to carry out missions that might not be possible otherwise. Examples of such missions include MWDs detecting explosives or drugs, Navy dolphins performing various underwater missions, mules transporting mortars into mountains, and horses carrying Special Forces personnel and equipment into rough terrain.

CHAPTER 4

REQUIREMENTS FOR HUMAN-ANIMAL BOND ANIMALS IN THE MILITARY

4–1. General requirements

A U.S. Army veterinarian ensures that all animals that participate in officially sanctioned HAB therapy programs are selected and maintained at an appropriate level of physical and behavioral acceptability. Such animals are evaluated as HAB animals by the local military veterinarian. This certification remains in effect only as long as the animal is categorized as one of the following:

- a. *Category 1:* Owned by the DOD for use as an HAB animal. These animals are entitled to the same veterinary medical and surgical care as that provided for other Government-owned animals.
- b. *Category 2:* A privately-owned animal that meets minimum standards of participation in officially sanctioned HAB therapy programs. Routine medical care (vaccinations, de-worming, heartworm checks, flea control, etc.) for a Category 2 animal is the owner's responsibility. However, the local U.S. Army veterinarian (fees may apply) or a civilian veterinarian provides the behavioral assessment and physical examination incidental to a Category 2 animal's evaluation as an HAB animal.
- c. *Category 3:* A service animal that is owned by and essential to the improved functioning of an Active Duty Service member or a military family member that is enrolled, or eligible for enrollment, in the Army Exceptional Family Member Program (or its equivalent in other branches of Service). These animals include guide dogs for the blind, hearing dogs, and other service animals that have been specially trained to perform tasks and have been certified by an approved organization. Animals in Category 3 will receive the same medical and surgical care as privately-owned animals (same fee/cost schedule).

4–2. Specific requirements for HAB animals for an HAB program

- a. On initial evaluation (and at least annually thereafter), animals must be found acceptable according to the following criteria, as determined by the installation veterinarian:
 - (1) Behavioral characteristics (obedient, friendly, nonaggressive). Use the guidelines provided in appendices D and E for dogs and cats, respectively. It is understood that this behavior assessment is merely a snapshot of the animal's behavior during one visit, and no guarantee or certification of future animal behavior.
 - (2) Physical characteristics.
 - (a) Size should be acceptable for the purpose.
 - (b) Skin and hair coat should be healthy and free from parasites.
 - (c) Teeth should be clean and gums healthy.
 - (d) Rabies vaccination must be current.
 - (e) A fecal examination will be performed to identify any internal parasites of zoonotic concern in the animal.

(f) For dogs, the annual heartworm check must be negative, and the animal must be receiving a heartworm preventive as recommended for the local area.

(g) For cats, feline leukemia and feline infectious virus tests must be negative. All cats should receive a broad spectrum dewormer at least once a year.

(h) The animal should be free of significant clinical medical problems.

b. On each visit by HAB animals to an MTF utilizing them in a regularly-scheduled HAB visitation program, the MTF staff (designated by the program's director) monitors the participating animal's acceptability for the program as follows. The animal must—

(1) Have on record a Veterinary Health Certificate (DD Form 2209) certifying that the veterinary examinations noted in a(2) above have been performed within the previous 12 months.

(2) Meet the requirements of the temperament evaluation. The temperament evaluation will be documented and forwarded to the HAB program manager for tracking.

(3) Be clean and groomed.

(4) Be free of apparent illness and zoonotic diseases. If there is *any* concern regarding the animal's wellness, the animal should not be allowed into the MTF until a veterinarian has examined the animal and cleared it for visiting the MTF.

c. In addition to all of the above described requirements, *resident* animal programs must also meet the following criteria:

(1) As applicable, an Army veterinarian performs sanitary inspections of any Government-owned facility where the HAB animal resides. Quarterly inspections are required to determine the adequacy of the facility's sanitary procedures. In facilities where animals, birds, or fish are permanently confined to cages or aquariums, the ongoing frequency of inspection may be more or less than quarterly, as determined by the veterinarian.

(2) The program director ensures that a specific individual or individuals are designated to be responsible for feeding, exercising, and otherwise meeting all of the animal's needs. The program director should maintain appropriate follow-up, which will be an item of interest during the sanitary inspections performed by the Army Veterinary Corps officer or Government Service veterinarian.

(3) Residents, patients, and staff of institutions where resident animals live must be educated on animal health, sanitation, and HAB principles. A military veterinarian conducts such training no less often than semiannually. In institutions that experience frequent turnover of staff and/or residents and patients, the frequency of education sessions should be increased accordingly.

4–3. Temperament evaluation for dogs to be used in HAB programs

It is absolutely necessary that a veterinarian or other qualified consultant assesses the final animal candidates for HAB programs. Such temperament evaluations are especially applicable for animals with unknown backgrounds, as set forth in appendix D.

4–4. Temperament evaluation for cats to be used in HAB programs

a. For cats to participate in HAB programs, the program director ensures the animal meets the temperament evaluation, as set forth in appendix E.

b. These procedures assist in evaluating the cat's general levels of sociability, aggressiveness, and adaptability, but patience is a critical element of the feline

evaluation. A cat requires more time than a dog to become accustomed to a new environment, so ensure that the cat under evaluation is given adequate time to become comfortable in the area in which the evaluation is taking place. As with the dog, it is absolutely necessary that a veterinarian or other qualified consultant assesses the final animal candidates for an HAB program.

4–5. Selecting other species for an HAB program

The installation veterinarian approves the selection of birds and any animals other than dogs, cats, and horses.

4–6. DOD-owned HAB animals

a. Property accountability. In instances when the DOD may own an HAB animal (such as in an AAT program or Cavalry platoon), it is assigned to a local installation or unit. Upon its arrival to the installation, the HAB animal is listed in the unit property book by its name, birth date, and microchip number and is hand-receipted to the unit medical commander. Unit commanders sub-hand-receipt HAB animals and equipment to individual handlers. The exceptions are animals such as Cavalry or caisson horses that are already listed in a non-medical property book.

b. Documentation. Establish and maintain electronic or hard copy medical records (similar to those for MWDs) for DOD-owned HAB animals. Include a copy of the animal's health certificate and behavior assessment in the record.

c. MWDs. MWDs, retired or otherwise, do not participate in any HAB programs.

d. Retirement, adoption and death/euthanasia. The decision to retire, adopt or euthanize a therapy animal should be a collaborative effort that includes input from the handler, unit medical commander, local veterinarian, and, if applicable, the donating entity.

(1) HAB animal adoption. Health care professionals, former handlers, or other persons capable of humanely caring for HAB animals may adopt them. Chapter 153, Title 10, Section 2583 of the United States Code permits the adoption of military animals at the end of the animal's useful working life or when the animal is otherwise excess to the needs of the DOD. At the time of transfer, the adopting agency/individual assumes full responsibility for all future expenses related to veterinary care of an adopted HAB animal. At that point, the DOD is no longer liable for the animal's actions or its medical care.

(2) Death of an HAB animal. Provide an opportunity for unit personnel to organize and conduct a memorial service to recognize the animal's service and to help attain closure.

CHAPTER 5

IMPLEMENTING HAB PROGRAMS AND PRACTICES

5–1. General

The procedures for implementing HAB programs and practices vary, depending on the type of program. Specific details of the previously defined types of HAB programs are outlined below.

5–2. Types of programs

a. Companion animals. These programs are established to reinforce family-pet relationships through education on overall animal health and welfare, pet training, family stabilization in the deployment or permanent change of station process, bereavement, etc. Control of zoonotic diseases (zoonoses) is an important adjunct to these programs; further guidance can be found in AR 40–905.

b. Mascots. AR 40–905 outlines the requirements for care of mascots on official orders. Units interested in obtaining a mascot should consult the military veterinarian regarding animal examinations and care.

c. Animal-assisted activity. Specific guidelines are necessary since many of these programs involve individuals who are injured and/or ill (see para 5–3).

d. Animal-assisted therapy. Similarly, specific guidelines are necessary due to the goal-oriented nature of the programs that involve patients under the care of therapists.

e. Service dogs. Programs involving service animals are ever-evolving within the military due to the impacts of war and continued Service member retention. However, it is important to ensure that handlers continue to be educated about the animal and its training, and that all certifications are current (for both the animal and its handler).

f. Military animals. Refer to AR 40–905 and AR 190–12 for program information on MWDs.

5–3. Procedures for HAB programs

To be officially sanctioned by the DOD, an HAB therapy program must meet *all* of the following:

a. Step 1: Write an HAB Program proposal. A staff officer or clinician writes a proposal in which the following are identified:

(1) Purpose and objectives of the program.

(a) Research versus non-research aspect(s) of the program.

(b) All research shall be submitted through the Institutional Review Board ;

see appendix D.

(2) Environment and limitations of the objective(s).

(3) Coordination with installation veterinarian.

(4) Individuals/organizations involved.

(a) Consider all people-related factors.

1. Determine the specific desires and needs of each department (patient, staff, and administration) expressing interest. Are sufficient staff and administrative support available to implement the program successfully?

2. Determine preventive measures (allergies, fear, zoonoses).
- (b) Consider all animal-related factors.
 1. Refer to the installation veterinarian to ascertain the suitable animal species/breeds that should participate, and how many.
 2. Should the animal participate on a visiting or resident basis? Where will the animal be acquired, and where will it stay?
 3. What are the physical facility's limitations relative to an animal's being present?
 4. How will the animal's good health and welfare be maintained?
- (c) Refer to chapter 4 for further considerations/standards.
 - (5) Documentation required.
 - (6) Funding (if applicable).
 - (7) Education and training (staff, animals).
 - (8) Certifications required (organization, volunteers). (See chapter 4.)
 - (9) Visitation schedule.
- b. Step 2: Obtain program approval by the chain of command.
- c. Step 3: Implement the program.
- d. Step 4: Evaluate and revise the program. (See chapter 6.)

CHAPTER 6

ONGOING EVALUATION AND FOLLOW-UP OF HAB PROGRAMS

6–1. General philosophy

a. Within the initial project objectives, it is important to establish a method or methods by which the progress of the AAA or AAT program(s) can be measured. These can take many forms such as positive to emphatic negative feedback from the families or very simple measurements such as “to provide companionship,” “to facilitate interactions,” or “to provide sensory stimulation.” Progress could also be measured in specific actions, such as when an autistic child progresses to the point of crossing a strange room to pet his or her companion animal when he or she would not even venture into a strange room previously.

b. The objective or goal measurements should be considered at the onset, should prevent overlooking minor changes, or should lead to the development of a sliding scale of parameters. It is important to maintain uniformity both in the evaluation method and the evaluator's involvement with the therapy. Medical staff follow-up on animals placed with patients is critical and should occur on a weekly basis initially, extending to bi-weekly and then monthly as the human-animal bond develops.

c. HAB programs should be periodically re-examined for effectiveness; it is best to use an impartial but informed, pre-briefed evaluator for these evaluations. The chief goals or objectives for any AAA/AAT follow-up evaluation are to determine how well the animal is being integrated into daily activities (socially, behaviorally, and physically) and the animal's effectiveness in facilitating the achievement of the original goals and objectives.

6–2. DOD-owned, resident animals (caisson horses, mascots, unit-owned horses)

a. The initial period of placement for a resident animal may be critical to a good adaptation. Even the most carefully chosen and suitable animal can develop physical or behavioral problems while adapting to a specific program environment.

b. Creating a predictable environment for the animals, as well as promptly attending to any emerging problems, facilitates the animals' transition. Thus, frequent evaluations should be performed, especially during the early stages of the placement. While a patient may not have the expertise to identify the signs of an emerging problem, a trained (and impartial) evaluator can identify a potential issue and initiate the preventive actions to circumvent the occurrence. The guidance of a veterinarian, veterinary technician, or other qualified representative is essential in monitoring the program director's placements.

c. The program director briefs the administrator, staff, and patients, as applicable, concerning the acceptance of the animal(s) by patients, residents, and/or staff, the quality and quantity of interactions with the animal, and any problems that have developed since placement.

d. During the veterinarian's visit to a resident animal's location, he or she evaluates the animal's health, nutrition, and well-being, confirms compliance with the proposed care and feeding schedules, and makes recommendations, if applicable. If for some

reason the animal is not adapting well or there are unsolvable people-based problems, then discontinuing the program, removing the animal, or instituting an alternative course of AAA/AAT should be considered. The program director takes the lead in resolving any such issues.

6–3. Visiting animals

a. Monitoring the effectiveness of an animal visitation program is more challenging than monitoring a resident animal program. The visiting animal does not have constant healthcare reinforcement, and the animal's health status can change between visits if the schedule does not provide an appropriate frequency of exposure. Often, the visitations do not occur when a staff member is present, which can result in a different standard of behavior exhibited by both the animal and the volunteer handling the animal. When evaluating any visitation program, the program director considers the volunteer as well as management of the program, staff and patient reactions, and achievement of program objectives.

b. Criteria for evaluation of an animal visitation program volunteer may include:

- (1) Regularity of visitations.
- (2) Reliability in keeping scheduled appointments.
- (3) Quality of interactions with patients.
- (4) Cooperation with staff.
- (5) Control and care of the animal.
- (6) Participation in team meetings for patient evaluations.

c. Criteria for evaluation of the management of a program may include:

- (1) The ability to accommodate scheduled visitations and requests for visits.
- (2) Success in establishing mutually agreeable rules and objectives.
- (3) Effective handling of behavioral problems as they develop.
- (4) The ability to respond to changing situations while maintaining an acceptable

quality of care in the patient care delivery system.

d. Criteria for the evaluation of the visiting animal may include:

- (1) Suitability of temperament.
- (2) Behavior exhibited during visitations.
- (3) Development of rapport with patients.
- (4) Enjoyment of visit.
- (5) Health status.

e. In evaluating the reactions of staff and patients, flexibility is essential. Criteria that may be applied include:

- (1) Staff support of and involvement in the program.
- (2) The number of requested visits by the patients.
- (3) The number of referrals by the staff.
- (4) The desire by patients for continuation of the program.
- (5) The perceived satisfaction of the patients.
- (6) Staff member satisfaction (personal and professional) with the program.

f. Criteria for determining the effectiveness of specific HAB programs by means of objective measures are limited only by the imagination of the involved healthcare professionals. Consultation with local Health Care Studies and Investigation Activities,

local universities, or with the HAB Program Managers can help interested parties formulate meaningful objective research projects.

APPENDIX A

REFERENCES

Section I

Required Publications

Except as noted below—

Army regulations are available online from the U.S. Army Publishing Directorate (APD) Web site: <http://www.apd.army.mil>.

U.S. Army Research Institute of Environmental Medicine (USARIEM) publications are available online from the USARIEM Web sites: <http://www.usariem.army.mil/Pages/downloads.htm> <http://www.armymedicine.army.mil/index.cfm>.

AD 2013–01

Guidance on the Acquisition and Use of Service Dogs by Soldiers (Cited in para 2–2g(13).)

AR 40–905/SECNAVINST 6401.1B/AFI 48-131

Veterinary Health Services (Cited in paras 1–4e(1), 1–4k(2), 3–3, 5–2a, b, and f.)

AR 190–12

Military Working Dogs (Cited in para 5–2f.)

AR 608–10

Child Development Services (Cited in para 3–2b.)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read a related publication in order to understand this TB MED. Except as noted below—

US Code regulations are available online from the Government Printing Office (GPO) Web site: <http://www.gpo.access.gov/uscode/index.html>.

Department of Defense Directives (DoDDs) and DoDIs are available online from the Defense Technology Information Center (DTIC) Web site: <http://www.dtic.mil/whs/directives/index.html>.

Field manuals are available online from the General Dennis J. Reimer Training and Doctrine Digital Library Web site: <http://www.train.army.mil>.

Title 10 US Code 2583 (Public Law 106-446)

Military Animals: Transfer and Adoption

Title 29 US Code 701 (Public Law 93-112)

Rehabilitation Act of 1973 (Rehab Act)

Title 42 US Code 12101 et seq (Public Law 101-336)

Americans with Disabilities Act

DoDD 5200.31E

DoD Military Working Dog Program

DoDI 3216.01

Use of Animals in DoD Programs

DoDI 3216.02

Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research

Air Force Instruction 23-126_IP, Army Regulation 700-81, OPNAVINST 5585.2B, MCO 10570.1A

DOD Military Working Dog (MWD) Program

Available at http://armypubs.army.mil/epubs/700_Series_Collection_1.html

FM 4-02.51 (FM 8-51)

Combat and Operational Stress Control

Section III

Prescribed Forms

There are no entries in this section.

Section IV

Referenced Forms

DD forms are available at <http://www.dtic.mil>.

DD Form 2208

Rabies Vaccination Certificate

DD Form 2209

Veterinary Health Certificate

DD Form 2341

Report of Animal Bite

Section V Selected Bibliography

Anderson LJ. The pet in the military family at transfer time: it is no small matter, In: Sussman MD, ed. *Pets and the Family*, New York: Haworth Press, 1985; 205–222.

Chumley P, J Gorski, A Saxton, B Granger, J New Jr. Companion animal attachment and military transfer. *Anthrozoös*. 1994; 6:256–273.

Friedmann E, AH Katcher, JJ Lynch, SA Thomas. Animal companions and one year survival of patients after discharge from a coronary care unit. *Public Health Rep*. 1980;95(4):307–312.

Olmert MD. *Made for Each Other: The Biology of the Human-Animal Bond*. Cambridge, MA: Da Capo Press, 2009.

Overall KL. *Clinical Behavioral Medicine for Small Animals*. St. Louis, MO: Elsevier, Inc., 1997; 25–26, 58–59.

U.S. Army Medical Department Center and School. Canine Assisted Therapy in Military Medicine. *AMEDD J*. 2012; April–June.

Velde BP, J Cipriani, G Fisher. Resident and therapist views of animal-assisted therapy: Implications for occupational therapy practice. *Aust Occup Ther J*. 2005;52:43–50.

APPENDIX B

ANIMAL VISITATION POLICY EXAMPLE

B–1. An animal visitation policy provides guidance pertaining to animal-assisted activities within the Medical Activity, as applicable.

B–2. Figure B–1 provides a sample animal visitation policy.

MEDDAC Reg. XX-X	
DEPARTMENT OF THE ARMY Headquarters, U.S. Army Medical Department Activity Fort Blank, VA, 22193-0000	
MEDDAC Regulation No. XX-X	DD MMM YYYY
Medical Services ANIMAL VISITATION POLICY	
SAMPLE	
<p>1. PURPOSE. This regulation outlines the necessary provisions that must be taken to allow animal visitation within the medical activity (MEDDAC) for the purposes of animal-assisted activity to reduce isolation and loneliness of patients and family members.</p>	
<p>2. APPLICABILITY. This regulation applies to (name) Army Community Hospital, Fort (name of installation), (state) and its satellite medical treatment facilities.</p>	
<p>3. REFERENCES.</p> <ul style="list-style-type: none"> a. TB MED 4, DoD Human-Animal Bond (HAB) Program Principles and Guidelines. b. DD Form 2209, Veterinary Health Certificate. c. DD Form 2208, Rabies Vaccination. 	
<p>4. RESPONSIBILITIES.</p> <ul style="list-style-type: none"> a. <i>Medical staff.</i> Supervisory medical staff must approve the visitation to the patient. b. <i>Nursing staff.</i> The ward nurse will identify any patients on the ward who should not be exposed to the visiting animal due to allergies or fear-related problems. c. <i>Veterinarian.</i> The veterinarian must determine that at the time of examination the animal is healthy, free of apparent infection or contagious disease, and free of apparent parasites, such as fleas, ticks, and worms (DD Form 2209 or equivalent). The veterinarian must also verify that the animal's immunizations are current (DD Form 2208 or equivalent). The animal's temperament must also be evaluated and deemed appropriate to ensure that the animal is a suitable candidate for visitation (that is, neither excessively shy, nervous, aggressive, nor overly sensitive to other people). This evaluation should occur as close as possible to the time of the actual visit but no more than 15 days prior to the first visit. A DD Form 2209 or equivalent will be issued at the time of the evaluation. The installation veterinarian must review and approve all documents, and the animal must be evaluated annually. d. <i>Generic Organizations.</i> Depending on the organization interacting with the installation, coordination with the American Red Cross must take place for volunteer training and registration. The organization must also verify all applicable animal documentation. 	

Figure B–1. Animal visitation policy example

e. *American Red Cross.* The American Red Cross registers and trains volunteers for HAB programs, advises animal handlers, and provides liaison with local program managers.

f. *Volunteer Animal Handler.* The animal's owner or volunteer handler must keep the animal's current health certificate and rabies vaccination certificate in his or her possession while the animal is present in the MEDDAC. However, it must be understood that a health certification examination is only valid at the exact moment that it is performed by the veterinarian; that is, disease conditions can occur at any time. Therefore, it is critical that the owner or handler *retain primary responsibility* for ensuring that the animal is clean, groomed, and in good health. If there is *any* reason to suspect otherwise, the animal must be cleared by a veterinarian before further visitations can occur.

g. *Miscellaneous.* Other department heads involved may include infection control, housekeeping, legal, resource management, etc.

5. PROCEDURES.

a. Animals may visit in the patient's room, the lobby, the courtyard, or other pre-designated areas. Animals are not permitted in food preparation and storage areas, clean or sterile supply storage areas, nursing stations, or any areas where exceptional sanitary precautions are necessary.

b. Visitation with the supervising medical staff will be scheduled in advance.

c. Visitation within the MEDDAC should not exceed 1 hour or as so designated by the ward nurse.

d. The visitor or handler is responsible for any elimination by the animal.

e. The animal's owner or handler will maintain constant control of the animal. All dogs must be leashed when visiting any area of the facility. All cats and other small animals must be carried in suitably clean pet carrying devices.

FOR THE COMMANDER:

/S/ John J. Doe
JOHN J. DOE
COL, MS
Deputy Commander for Administration

Distribution:

A

Figure B–1. Animal visitation policy example (continued)

APPENDIX C

HAB RESEARCH PROTOCOL PROCEDURES

C–1. Initial stage

Accomplish the planning, coordination, education, and the recruitment and needs assessment (see chapter 4). For guidance, refer to Department of Defense Instruction (DoDI) 3216.01 and DoDI 3216.02. Contact the appropriate Service research authorities to assist with regulatory compliance.

C–2. Protocol preparation

Prepare a written protocol for the proposed research program.

a. Identify and use existing protocols when possible (local, command, branch, or defense-wide) that would encompass the scope of the proposed research program.

b. If an existing protocol covers most, but not all, of the proposed program, an amendment to the existing protocol is possible.

c. If no applicable guidelines exist, initiate a new written protocol. Ensure that it is specific enough to define the proposed research but general enough to allow for future expansion and/or flexibility.

C–3. Obtain approval to implement

a. If it is possible to use an existing protocol, obtain approval by routine staffing of the proposal through the involved departments and the MTF's main administration office.

b. If a new protocol is required, follow the procedures required by the MTF. In most cases, this involves obtaining the MTF infection control officer's approval first. The protocol is then approved by required committees that may include all or part of the following entities or their equivalents: animal care and use committee, human use committee, and institutional review board. The final, committee-approved protocol is then staffed through the MTF's main administration office for final approval.

c. If an amended existing protocol is used, the clinical investigation activity (or its equivalent) determines which committees, if any, need to reconsider the amended protocol.

C–4. Clearance

Clear the selected HAB animals for physical and behavioral acceptability through the military veterinarian (see appendices D and E).

C–5. Implement protocol

Provide assistance, management, and ongoing education as needed.

C–6. Follow-up

Provide ongoing follow-up to include the publishing of findings as appropriate.

C-7. Example research protocol

Figure C-1 provides a sample research protocol.

Research Protocol	
Protocol Title:	A Randomized Controlled Trial Comparing Three Occupational Therapy Interventions used in Combat and Operational Stress Control for U.S. Soldiers Deployed in a Combat Zone.
Protocol Number:	MNC-I-09-040
Principal Investigator:	CPT XXXXX, MS, OTR/L
Associate Investigators:	MAJ XXXXX, PhD, OTR/L, CHT CPT XXXXX, MS, OTR/L (on-site PI, COB Speicher)
Purpose:	To determine whether or not there are differences over a period of 6 weeks with respect to mood state, stress levels, job satisfaction, and resilience levels following either the standard of care treatment, the standard of care treatment incorporating animal assisted therapy (AAT), or the standard of care incorporating guided imagery techniques in U.S. Army Soldiers participating in a combat stress control 2.5-day restoration program.
Location:	Contingency Operating Base Speicher, Iraq
Participants:	A maximum of 100 U.S. military members will be enrolled in the study.
<i>Inclusion Criteria:</i>	In order to participate in the study, participants must be referred by a credentialed provider, must be a U.S. Army Soldier (at least 18 years of age serving in Iraq), and must not be redeploying for the duration of the data collection phase (6 weeks).
<i>Exclusion Criteria:</i>	The following are ineligible to participate in this study: Soldiers ordered to report to the COSC unit for a command-directed evaluation of intervention, Soldiers unable to comprehend written English, individuals from host countries, and detainees.
Research Design:	Prospective randomized, controlled trial (pre-evaluation/post-evaluation control group design)
Outcome Measures:	Mood state: Profile of Mood States (POMS) Stress levels: Perceived Stress Scale-10 (PSS-10) Job satisfaction: Minnesota Job Satisfaction Questionnaire (MSQ-short form) Resilience: Connor-Davidson Resilience Scale (CD-RISC) Intrinsic motivation: Intrinsic Motivation Inventory (IMI) Deployment-related experiences: Deployment Risk and Resilience Inventory (DRRI).

Figure C-1. Research protocol example

APPENDIX D

TEMPERAMENT ASSESSMENT FOR DOGS

D-1. HAB dog suitability evaluations

a. Introduction. The following evaluations are provided to determine the suitability of dogs for utilization in HAB programs. The evaluations are especially applicable to animals with unknown backgrounds but are valuable in evaluating other dogs as well. The great variances in therapy use and animal behavior do not allow these evaluations to guarantee a correct selection. The response categories listed with the evaluations do not include every possible behavior that might occur. It is therefore absolutely necessary that an experienced consultant, such as an animal behaviorist, trainer, or veterinarian, assess the final animal candidates for an animal-assisted therapy program.

b. Dog demographics that should be included:

- (1) Name
- (2) Breed Gender (Spayed/Neutered)
- (3) Age
- (4) Program: This should include the facility name and program name.

c. Rules of Engagement: Grading (GO/NO-GO). If the dog receives a rating of “unacceptable” during any of the evaluations, the result is an automatic NO-GO, and the evaluations are discontinued. All observations marked “questionable” require comment. The evaluator uses his/her subjective evaluation to determine the overall GO/NO-GO for each evaluation based on the questionable observations.

d. Condition: Conduct the evaluations in a room or fenced yard with minimal distractions. The dog should not be familiar with the area nor should anyone the dog knows be in the vicinity. Some evaluations may require an assistant.

D-2. Suitability evaluation procedures

a. Evaluation 1: Initial observation

Action: Allow the dog to investigate the area for a few minutes without the evaluator present. The evaluator, previously unknown to the dog, then enters the area, stands still at a discreet distance, and observes the dog for approximately 15 seconds. Record the dog’s very first response in table D-1.

Table D–1
Initial observation

Eval 1	Acceptable	Questionable	Unacceptable
	Holds ground Approaches evaluator Hackles normal Flew (lips) normal Sniffs evaluator Ignores evaluator Relaxed* (Other)	Crouches Flew (lips) “puffing” Moves about “stiff-legged” Barks Avoids eye contact Stares at evaluator Whines Retreats Aroused* (Other)	Hackles up Growls Flew (lips) curled Bares teeth Antagonistic* (Other)

*Terminology refers to overall body posture and facial expression (Overall, 1997).

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

Continue to Evaluation 2 unless an unacceptable observation occurs.

b. Evaluation 2: Approaching the dog

Condition: The dog is still a potential candidate after Evaluation 1.

Action: Approach the dog with a level hand extended at the dog’s nose; palm and fingers pointed downward. Do not “rush” in, but do not approach the dog in a cautious or apprehensive manner. Walk up to the dog in a normal stride until your hand is within 6 to 12 inches of the dog’s nose. Say nothing, and wait for the dog to make the next move. Record the results in table D–2.

Table D–2
Approaching the dog

Eval 2	Acceptable	Questionable	Unacceptable
	Extends head or steps forward to sniff hand Seeks attention by nudging or leaning into evaluator Acts playful by barks or actions Licks hand Relaxed* (Other)	Turns head away or tries to ignore hand Pulls back or retreats Flews (lips) “puffing” Overly exuberant Stares at evaluator Aroused* (Other)	Growls Raises hackles Barks (not to be confused with playful barking) Bares teeth (not to be confused with “grin”) Antagonistic* (Other)

*Terminology refers to overall body posture and facial expression (Overall, 1997).

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

c. Evaluation 3: Handling the dog

Condition: The dog is still a potential candidate after Evaluations 1 and 2.

Action: Attempt to pet the dog, starting with the top of the head. Use the same attitude described in Evaluation 2. Pet and brush the dog to determine its overall response on especially sensitive areas, such as the ears and mouth. Record the results in table D-3.

**Table D-3
Handling the dog**

Eval 3	Acceptable	Questionable	Unacceptable
	Leans into or against evaluator Licks hand Gently nudges with nose Becomes playful Relaxed posture during brushing (Other)	Pulls back or retreats Flews (lips) "puffing" Quivers Barks Cowers Rolls over on back Overly exuberant (jumps up; not calm by end of evaluation) Shows whites of eyes Overly sensitive to grooming of certain areas Aloof Meets evaluator, but with head lowered and eyes averted (Other)	Snaps, bites Raises hackles Growls Submissively urinates (Other)

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

d. Evaluation 4: Interacting with the dog

Condition: The dog was not eliminated during Evaluation 3. This evaluation requires the use of an assistant for one of the interactions.

Action: Interact with the dog, including the tasks in table D-4, and record the results. Based on the dog's reactions, determine the GO/NO-GO for this evaluation.

Table D–4
Interacting with the dog

Eval 4	Interaction	Acceptable	Questionable	Unacceptable
	Social Interaction: walk away briskly, sit on the floor, and call the dog	Watches calmly (Other)	Barks Retreats (Other)	Nips at hand/leg Paws at hand/leg Growls (Other)
	Lay the dog down, then roll it over and rub its belly. Does it allow this subordinate position?	Rolls over Wags tail Becomes playful (Other)	Licks lips Barks (Other)	Shows teeth Urinates Raises hackles (Other)
	Have an assistant place a novel stimulus such as a large stuffed animal or mirror close behind the dog when it is distracted. Encourage the dog to investigate. Does it have self-confidence?	Becomes playful Sniffs (Other)	Retreats Runs off (Other)	Growls Urinates Bites (Other)
	Attempt to play tug-of-war with an appropriate toy. Does the dog play this game aggressively? How does the dog react to sudden arm movement?	Becomes playful (Other)	Retreats Runs off (Other)	Aggressive Growls Snaps (Other)

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

e. Evaluation 5: Sound sensitivity

Condition: This evaluation requires the use of an assistant.

Action: While the evaluator is casually interacting with the dog, the assistant makes a very loud noise without warning (hitting a metal pan with a spoon, for example). Record the results in table D–5.

Table D–5
Sound sensitivity

Eval 5	Acceptable	Questionable	Unacceptable
	Notices, but continues previous activity Notices and investigates Startles, but recovers quickly (Other)	Flees Cowers Freezes Trembles (Other)	Urinate Moves as if to attack (Other)

Comments: The evaluator should provide comments following each evaluation.
Record results: GO or NO-GO

f. Evaluation 6: Reaction to uncomfortable tactile stimuli

Condition: As a safety precaution, muzzle the dog for this evaluation.

Action: While playing with the dog, briefly pinch the webbing between its toes or pull a hair from its side to determine the dog's reaction to uncomfortable tactile stimuli. (This evaluation ascertains a dog's reaction to sudden pain, such as a wheelchair rolling over the dog's tail.) Record the results in table D–6.

Table D–6
Reaction to uncomfortable tactile stimuli

Eval 6	Acceptable	Questionable	Unacceptable
	Tries to pull away but immediately relaxes Yelps but is not aggressive Allows further petting (Other)	Acts fearful Acts distrustful (Other)	Growls Snaps (Other)

Comments: The evaluator should provide comments following each evaluation.
Record results: GO or NO-GO

g. Evaluation 7: Reaction to an unexpected event

Condition: This evaluation requires the use of an assistant.

Action: Based on the dog's reactions, determine if it is a GO/NO-GO for this evaluation. Choose one of the two options in table D–7 and record the results.

Table D–7
Reaction to an unexpected event

Eval 7	Interaction	Acceptable	Questionable	Unacceptable
	Option 1: Have an assistant hide around a corner, out of sight, with a noisy utility or shopping cart. Walk with the dog toward the intersection as the assistant rolls the cart in front of the dog as close as possible.	Alert; watches object Steps out of way Tugs but relaxes (Other)	Runs off Tugs leash hard (Other)	Urinate Pulls leash; tries to escape (Other)
	Option 2: While the dog is playing with the evaluator and is distracted, have an assistant hide in a closet or behind a door. Lead the dog to within 6 feet of the hiding place and have the assistant suddenly jump out at the dog and open an umbrella.	Startles; calms down quickly Becomes playful Recovers fast (Other)	Slow to recover Agitated (Other)	Growls Aggressive Snaps Other

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

h. Evaluation 8: Basic training command control

Condition: The owner demonstrates basic commands and/or training techniques. This evaluation examines the dog's general compliance with commands to assess animal control.

Action: In this evaluation, no attempt is made to obedience-train the dog. The object is to determine if the dog is sufficiently well mannered for a visit to the prospective location. Use the checklists in table D–8 to record the results. Record comments for any areas marked "No." Based on the subjective evaluation of the commands in table D–8, determine the GO/NO-GO for this evaluation.

Table D–8
Basic training and commands

Eval 8	Command/Activity	Yes	No
	Sit		
	Stay		
	Down or Settle		
	Leash Etiquette/Control (Heel)		
	Leave It		

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

i. Evaluation 9: Reaction to another animal

Condition: This evaluation requires an assistant with an unfamiliar animal (on a leash) positioned 15–20 feet away from the dog being evaluated.

Action: The assistant gradually approaches the evaluated dog (on leash) to within 3–4 feet. The object is to determine how the evaluated dog reacts to an unfamiliar animal. Use the checklists in table D–9 to record the results, including comments for any areas marked “No.” Based on the subjective evaluation of the dog’s manners, determine the GO/NO-GO for this evaluation.

Table D–9
Reaction to another animal

Eval 9	Acceptable	Questionable	Unacceptable
	Ignores the animal Notices new animal Allows further petting (Other)	Acts fearful Barks Aroused* (Other)	Growls Snaps Lunges at animal (Other)

*Terminology refers to overall body posture and facial expression (Overall, 1997).

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

j. Overall Evaluation

Action: Based on the responses you recorded for evaluations 1–9, rate the overall evaluation of the dog’s interactions. Use your subjective impressions to rate the dog. A “NO-GO” rating indicates the dog does not meet the requirements for participation in an HAB program.

Record results: Record the results as either MEETS REQUIREMENTS or DOES NOT MEET REQUIREMENTS

The evaluator’s name should be recorded.

If using the Remote Online Veterinary Record (ROVR), the veterinarian should sign the e-note for the behavioral evaluation; otherwise, he or she should sign and date the evaluation on the SF600 in the animal's Veterinary Treatment Record (VTR).

***k.* HAB program health and behavior assessment**

Figure D–1 provides a sample HAB program health and behavior assessment memorandum for dogs.

Human-Animal Bond Program Health and Behavior Assessment

Today, (insert date), an evaluation of your animal, (provide animal's name), was conducted IAW TB MED 4, and the animal was found to be (acceptable/non-acceptable) according to the following criteria as determined by the installation veterinarian:

A general health examination of the animal was performed, and your animal was screened for apparent diseases transferable to humans.

A review of the animal's history was conducted with you to include specific references to any history of biting and/or aggressive behavior.

A review of your animal's health record and local bite logs in the county or province of (insert name of county or province) was conducted to determine any history of bites or aggressive behavior.

A behavioral assessment was performed to observe how obedient, friendly, and nonaggressive your animal is today. It is understood that this behavior assessment is merely a snapshot of your animal's behavior during today's visit and provides absolutely no guarantee or certification of your animal's behavior in the future.

A copy of today's Behavioral Assessment will be placed in the animal's medical record.

(signature, rank, and date)

(Owner's name)

(Owner's address)

(Animal's rabies tag number)

(Animal's microchip number, if applicable)

Figure D–1. HAB program health and behavior assessment for dogs

APPENDIX E

BEHAVIOR ASSESSMENT FOR CATS

E-1. HAB cat suitability evaluations

a. The following evaluations are provided to determine cats' suitability for participation in HAB programs. These evaluations will assist in evaluating a cat's general levels of sociability, aggressiveness, and adaptability, but the evaluator's patience is a critical element of feline evaluation. As with the dog, it is imperative that an experienced consultant, such as an animal behaviorist, trainer, or veterinarian, assesses the final animal candidates for an animal-assisted therapy program.

b. Cat demographics that should be included:

(1) Name

(2) Breed

(3) Gender (Spayed/Neutered)

(4) Age

(5) Program: This should include the facility name and program name.

c. Rules of Engagement: Grading (GO/NO-GO). An automatic "NO-GO" is given if the cat receives an unacceptable rating during any portion of the evaluations. Should this occur, discontinue the evaluation. All observations marked as "questionable" require comment. The evaluator uses his/her subjective evaluation to determine the overall GO/NO-GO for each evaluation based on the questionable observations.

d. Condition: Evaluations are best conducted in a room with minimal distractions. The cat should not be familiar with the area nor should anyone the cat knows be in the vicinity. Some evaluations require an assistant. A cat requires more time than a dog to become accustomed to a new environment, so ensure the cat is given adequate time to become comfortable in the evaluation area.

E-2. Suitability evaluation procedures

a. Evaluation 1: Initial approach

Action: The cat should be taken from its cage (if caged) and placed in an average-sized room for several minutes. The evaluator should wear ordinary clothes and enter the room in a calm manner. Extending one hand, the evaluator should squat down about 5 to 6 feet away from the cat and call it cat several times.

Allow the cat to investigate the area for a few minutes without the evaluator present. The evaluator, previously unknown to the cat, should then enter the area, stand still at a discreet distance and observe the cat for approximately 15 seconds. Record the very first response in table E-1.

Table E–1
Initial approach

Eval 1	Acceptable	Questionable	Unacceptable
	Makes eye contact Vocalizes Approaches slowly Watches evaluator and submissively rolls over Approaches and sniffs hand Relaxed* (Other)	Avoids eye contact Stares at evaluator Retreats Watches evaluator but does not approach Aroused/Assertive* (Other)	Assumes defensive position Hisses/spits Growls Swipes at evaluator with paw Antagonistic* (Other)

*This terminology refers to overall body posture and facial expression (Overall, 1997).

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

Continue to Evaluation 2 unless an unacceptable observation occurs.

b. Evaluation 2: Follow-up approach

Action: If the cat does not approach you within two minutes, move closer to the cat (3 feet away), and call it again. Record the results in table E–2.

Table E–2
Follow-up approach

Eval 2	Acceptable	Questionable	Unacceptable
	Makes eye contact Vocalizes Approaches slowly Watches evaluator and submissively rolls over Approaches and sniffs hand Relaxed* (Other)	Avoids eye contact Stares at evaluator Retreats Watches evaluator but does not approach Aroused/assertive* (Other)	Assumes defensive position Hisses/spits Growls Swipes at evaluator with paw Antagonistic* (Other)

*This terminology refers to overall body posture and facial expression (Overall, 1997).

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

c. Evaluation 3: Friendliness

Condition: The cat has not been eliminated during Evaluations 1 and 2.

Action: After approaching the cat or getting the cat to come to you, extend a hand to the cat. (Squat so that your hand is at a lower level than the cat's head.) Record the results in table E-3.

Table E-3
Friendliness

Eval 3	Acceptable	Questionable	Unacceptable
	Sniffs hand Licks or rubs body against hand Rubs head against hand Rolls submissively Vocalizes (Other)	Retreats (Other)	Assumes defensive position Threatens to strike hand or strikes hand Bites or attempts to bite hand (Other)

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

Note: If the cat shows aggressive or defensive postures, approach again at a slower, more patient pace. It may be necessary to stay in the room and wait until the cat initiates interaction. In any case, if interaction cannot be initiated within 10–15 minutes, the cat is probably too shy, fearful, or unhealthy to be a successful HAB program participant.

d. Evaluation 4: Interaction

Condition: The cat has been approached and has shown no aggressive or defensive postures.

Action: While talking to the cat, start stroking the cat along the head, back, and sides. Record the results in table E-4.

Table E-4
Interaction

Eval 4	Acceptable	Questionable	Unacceptable
	Rubs against evaluator's legs or hand Begins to purr, meow or chirrup Circles around evaluator attentively Shows initial fear but relaxes shortly thereafter (Other)	Withdraws (Other)	Assumes a threatening or defensive position Attempts to strike or strikes with paw Attempts to bite or bites (Other)

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

e. Evaluation 5: Play initiation

Action: Move away from the cat and move a piece of string along the floor slowly to initiate play (or toss a ball, noting that some cats do not respond to ball games). Record the results in table E-5.

Table E-5
Play initiation

Eval 5	Acceptable	Questionable	Unacceptable
	Returns for more stroking Watches the string or ball intently Chases the string or ball (Other)	Ignores the string or ball Attends something else in the room and avoids eye contact (Other)	(Other)

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

f. Evaluation 6: Sociability I and II

Action:

(1) Call the cat until it approaches, or approach it slowly yourself. Begin to stroke it again. If the cat is calm, pick it up and gently cradle it against your chest. Record the results in table E-6.

Table E-6
Sociability I

Eval 6a	Acceptable	Questionable	Unacceptable
	Relaxed Makes eye contact Extends its paw affectionately to evaluator's neck and shoulder (Other)	Struggles to escape (Other)	Attempts to strike or strikes with paw Attempts to bite or bites (Other)

(2) Next, sit down in a chair and place the cat on your lap, facing you. Stroke the cat. Record the results in table E-7.

Table E-7
Sociability II

Eval 6b	Acceptable	Questionable	Unacceptable
	Purrs or rubs against evaluator's hand Makes eye contact Rolls submissively Stands up to smell face or places paw on neck (Other)	Sits on lap tensely (Other)	Threatens or becomes aggressive (bites or scratches) (Other)

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

g. Evaluation 7: Adaptability

Action: Place the cat on the floor next to your chair. Call the cat, and motion with your hands. Record the results in table E-8.

Table E-8
Adaptability

Eval 7	Acceptable	Questionable	Unacceptable
	Jumps Makes eye contact but remains on the floor Gets up on hind legs and makes contact (Other)	Ignores evaluator's calls and motions Moves away (Other)	(Other)

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

h. Evaluation 8: Aggressiveness or fear I and II

Action:

(1) Place the cat on the floor. Grab its tail firmly, and pull with a steady pressure. Record the results in table E-9.

Table E–9
Aggressiveness or fear I

Eval 8a	Acceptable	Questionable	Unacceptable
	Rolls submissively Shows no reaction Tries to escape or struggle (Other)	(Other)	Attempts to strike or strikes hand Growls Hisses/spits (Other)

(2) While the cat is still on the floor and is not looking at you, drop a metal box or other object on floor behind the cat. If the room is carpeted, make a loud noise by vocalizing, banging two objects (such as pots) together, or using some other object in the environment. Record the results in table E–10.

Table E–10
Aggressiveness or fear II

Eval 8b	Acceptable	Questionable	Unacceptable
	Startles but quickly relaxes Ignores the noise Does not appear to hear the noise (Other)	Startles, then runs to hide (Other)	Startles, then shows a defensive or aggressive posture (Other)

Comments: The evaluator should provide comments following each evaluation.

Record results: GO or NO-GO

i. Overall evaluation

Action: Record an overall evaluation of the interaction based on the responses recorded in evaluations 1–8. Rate the cat by your subjective impressions. Any “NO-GO” evaluation indicates the cat does not meet the requirements for participation in the HAB program.

Record results: Record the results as either MEETS REQUIREMENTS or DOES NOT MEET REQUIREMENTS.

The evaluator’s name should be provided.

If using the ROVR, the veterinarian should sign the e-note for the behavioral evaluation; otherwise, he or she should sign and date the evaluation on the SF600 in the animal's VTR.

j. **HAB health and behavior assessment**

Figure E–1 provides a sample HAB program health and behavior assessment memorandum for cats.

Human-Animal Bond Program Health and Behavior Assessment

Today, (insert date), an evaluation of your animal, (provide animal's name), was conducted IAW TB MED 4, and the animal was found to be (acceptable/non-acceptable) according to the following criteria as determined by the installation veterinarian:

A general health examination of the animal was performed, and your animal was screened for apparent diseases transferable to humans.

A review of the animal's history was conducted with you to include specific references to any history of biting and/or aggressive behavior.

A review of your animal's health record and local bite logs in the county or province of (insert name of county or province) was conducted to determine any history of bites or aggressive behavior.

A behavioral assessment was performed to observe how obedient, friendly, and nonaggressive your animal is today. It is understood that this behavior assessment is merely a snapshot of your animal's behavior during today's visit and provides absolutely no guarantee or certification of your animal's behavior in the future.

A copy of today's Behavioral Assessment will be placed in the animal's medical record.

(signature, rank, and date)

(Owner's name)

(Owner's address)

(Animal's rabies tag number)

(Animal's microchip number, if applicable)

Figure E-1. HAB program health and behavior assessment for cats

GLOSSARY**Section I
Abbreviations****AAA**

Animal-assisted activity(ies)

AAT

Animal-assisted therapy

AMC

Army medical center

AMEDD

Army Medical Department

AR

Army regulation

COSC

Combat Operational Stress Control

DoD/DOD/DD

Department of Defense

DoDI

Department of Defense Instruction

HAB

Human-animal bond

MEDCOM

U.S. Army Medical Command

MTF

Military treatment facility

MWD

Military working dog

OT

Occupational therapy/therapist

PT

Physical therapy/therapist

RA

Resident animal(s)

ROVR

Remote Online Veterinary Record

TB MED

Technical bulletin, medical

USARIEM

U.S. Army Research Institute of Environmental Medicine

VTR

Veterinary Treatment Record

WRAMC

Walter Reed Army Medical Center

WTU

Warrior Transition Unit

Section II**Terms****Animal-assisted activities (AAA)**

Provide opportunities for motivation, education, or recreation to enhance quality of life. The activities are delivered in various environments by specially trained professionals, paraprofessionals, and volunteers in association with animals that meet specific criteria, such as having been trained to retrieve objects. Included are “meet and greet” activities that involve pets and their handlers visiting people on a scheduled or spontaneous basis, as well as programs permitting family members or friends of facility residents to bring their own pet or the resident's pet for a visit. The same activity may be repeated with many individuals or be conducted in groups. Unlike therapy programs, these are not tailored to a particular person or medical condition. Visit content is spontaneous, and visits are as long or as short as necessary.

Animal-assisted intervention (AAI)

A broad term that includes what is traditionally known as “animal-assisted therapy” or “animal-assisted activities.”

Animal-assisted therapy (AAT)

A goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. These programs are usually directed and delivered by human health or human services professionals with specialized expertise and within the

scope of practice of their profession. Animal-assisted therapy is designed to improve human physical, social, emotional, and cognitive (e.g., thinking and intellectual skills) function, and animals may be formally included in activities such as physical, occupational, or speech therapy. Therapy programs are provided in a variety of settings and may involve individuals or groups. In AAT, specified goals and objectives are determined for each patient, and each patient's progress is evaluated and documented.

Behavioral health

Refers to the reciprocal relationship between human behavior, either individual or social, and the well-being of the body, mind, and spirit, whether the latter are considered individually or as an integrated whole. The term is more commonly used to describe a field of scientific study, academic proficiency, and clinical healthcare practice.

Companion animal

Not legally defined; accepted as another term for "pet."

Pet Partners, formerly the Delta Society

An international, not-for-profit organization of pet owners and health or human service professionals whose mission is to promote animals helping improve the health, independence, and quality of life of people. (www.petpartners.org)

Hippotherapy

A physical, occupational or speech therapy treatment strategy that utilizes equine movement, as defined by the American Hippotherapy Association, Inc. "Hippotherapy" is derived from the Greek word *hippos*, meaning horse. Hippotherapy refers to the use of a horse's movement as a treatment strategy by physical therapists, occupational therapists and speech/language pathologists to address impairments, functional limitations and disabilities in patients with neuromotor and sensory dysfunction. This treatment strategy is used as part of an integrated treatment program to achieve functional goals.

Human-animal bond (HAB) program(s)

Programs that involve interactions between people and animals, their attachments, and the significance of the human-animal bond in people's mental, social, and physical health. HAB programs include AAA and AAT.

Human-animal bond animals (HAB animals)

Animals certified by U.S. Army veterinarians or equivalent according to TB MED 4 as meeting requirements for use in officially-sanctioned HAB therapy programs (see appendix D).

Mascots

Animals owned by DOD units for the purpose of enhancing morale and *esprit de corps*. For mascots to be considered "owned" by the unit, the ownership must be established by orders signed by a commander (in the grade of O-5 or higher) within the unit's chain of command, and the animal must be listed in the unit property book.

Occupational therapist (OT)

A licensed healthcare professional who employs the therapeutic use of everyday activities (occupations) to help patients participate in the activities they want and need to do. Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing physical and cognitive changes.

Physical therapist (PT)

A licensed healthcare professional who helps patients reduce pain and either improve or restore mobility, without surgery in most cases, and often resulting in reduced long-term use of prescription medication(s). Physical therapists can teach patients how to prevent or manage their condition to achieve long-term health benefits. After examining the patient, a PT develops a plan incorporating treatment techniques to promote the patient's ability to move, reduce pain, restore function, and prevent disability. A PT also works with patients to prevent mobility loss by developing fitness- and wellness-oriented programs that will enable a healthier, more active lifestyle.

Resident animals (RA)

Resident animals live in a facility full-time, are owned by the facility (hence, DOD-owned) and are cared for by staff, volunteers, and residents. After proper screening and training, some RAs may be formally included in a facility's activity and therapy schedules. Others may participate in spontaneous or planned interactions with facility residents and staff (Delta Society, 1992).

Service animals

Legally defined (Americans With Disabilities Act, 1990) as any animal that is individually trained to do work or perform tasks for the benefit of a person with a disability. Federal laws protect the rights of individuals with disabilities to be accompanied by their service animals in public places. Service animals are not regarded as pets.

Social/therapy animals

Not legally defined by federal law. Often these are animals that did not complete service animal or service dog training due to their health, disposition, trainability, or other factors but are made available as pets for people who have disabilities. These animals might or might not meet the definition of service animals.

Temperament evaluation

Assessments outlined in and conducted according to appendix D or E. Any alternative evaluation must, at a minimum, meet the evaluation criteria in appendix D or E; however, alternative evaluations may include additional evaluative criteria with which to assess an animal.

Therapeutic riding

A form of hippotherapy that uses equine-assisted activities for the purpose of contributing positively to the cognitive, physical, emotional, and social well-being of people with disabilities.

Therapy animals

Not legally defined by federal law although defined by laws in some states. Therapy animals provide people with contact/interaction with animals but are not limited to working only with disabled people. Therapy animals are usually the personal pets of their handlers and work along with their handlers to provide services to others. Federal laws have no provisions for people to be accompanied by therapy animals in places of public accommodation that have “no pets” policies. Therapy animals are usually not service animals.

Zoonotic disease

Any illness that can be transmitted from animals to humans or from humans to animals.

By Order of the Secretary of the Army:

Official:



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