

# RAF Feltwell Vet Clinic Registration

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Comm: 01638-52-7097 DSN: 226-7097

Sponsor: \_\_\_\_\_  
(Last, First, Middle Initial)

Spouse: \_\_\_\_\_  
(Last, First, Middle Initial)

PSC Address: (mailing address)

Home Address: (Check one) Base Housing  / Off Base

PSC \_\_\_\_\_ BOX \_\_\_\_\_

APO, AE \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Spouses Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone : \_\_\_\_\_

Organization (Unit): \_\_\_\_\_

Sponsor's Grade/Rank : \_\_\_\_\_

Military Status: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

## \*Pet Info\*

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

Species: (Check one) Canine  / Feline

Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_

Sex: (Check all that apply) Female  / Male  Spayed  / Neutered

Birthdate: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Microchip # \_\_\_\_\_

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

Species: (Check one) Canine  / Feline

Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_

Sex: (Check all that apply) Female  / Male  Spayed  / Neutered

Birthdate: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Microchip # \_\_\_\_\_

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

Species: (Check one) Canine  / Feline

Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_

Sex: (Check all that apply) Female  / Male  Spayed  / Neutered

Birthdate: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Microchip # \_\_\_\_\_