

# WIESBADEN VTF REGISTRATION FORM

PLEASE FILL OUT COMPLETELY & LEGIBLY

## CLIENT INFORMATION:

Sponsor's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Status: Active Duty / Reserves / Retired / Civilian

Rank: \_\_\_\_\_ Branch of Service: Army / Air Force / Navy

Sponsor's Phone Number: \_\_\_\_\_ Spouse's Phone Number: \_\_\_\_\_

APO Address: \_\_\_\_\_

Unit/Employer: \_\_\_\_\_ Work DSN: \_\_\_\_\_

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

## PET 1:

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

Species: Canine / Feline Sex: Female / Male Fixed / Intact

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

Microchip Number: \_\_\_\_\_ Date of Microchip: \_\_\_\_\_

Registered at military clinic before? Yes / No

## PET 2:

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

Species: Canine / Feline Sex: Female / Male Fixed / Intact

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

Microchip Number: \_\_\_\_\_ Date of Microchip: \_\_\_\_\_

Registered at military clinic before? Yes / No

## PLEASE READ CAREFULLY AND INITIAL

**The Wiesbaden VTF's late policy is as follows:** Appointments will need to be rescheduled if the client has not arrived 10 minutes after the scheduled start time and will be marked as a No Show. \_\_\_\_\_ (Initial)

**The Wiesbaden VTF's No Show policy is as follows:** If cancelled less than 48 hours before appointment, or you do not attend appointment, it will be marked as a No Show. If 3 No Shows occur in one calendar year, you may be declined further service at our facility. \_\_\_\_\_ (Initial)

I understand that I am financially responsible for any services at the time the service is rendered. \_\_\_\_\_ (Initial)

The above information is true to the best of my knowledge. I understand that I need to contact the VTF if any of the above information changes. \_\_\_\_\_ (Initial)

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_