## VICENZA VETERINARY TREATMENT FACILITY REGISTRATION FORM

(Please	Print)
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Today's date:				Prior Duty S	itation:		
SPONSOR INFORMATION							
Sponsor's Last name:	F	First:	l	Middle:		Spouse's Name:	
Rank:	Branch of Service: Air Force Marines	Army Navy	Stat	us: Active Duty Civilian	Reserves AGR		
Local address: On-Post City/Posta Off-Post			City/Postal Co	y/Postal Code:		Home phone:	
APO/FPO Address: ZIP Code: PSC BOX				Cell phone: Spouse's cell phone:			
Unit/Employer Name and Direct Supervisor:						Work phone (DSN):	
Owner E-mail address:							

PET INFORMATION								
Name:	Species:			Birth date:				
	Canine	Feline	Other:					
Breed:	1			Mixed:				
				Yes	No			
Color:				Sex:				
				Male I	Female Sterilized			
Microchip number:				Date of Micr	ochip:			
PET INFORMATION								
Name:	Species:			Birth date:				
	Canine	Feline	Other:					
Breed:				Mixed:				
				Yes	No			
Color:				Sex:				
				Male F	emale Sterilized			
Microchip Number:				Date of Micr	rochip:			
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. I understand that I am financially responsible for any services at the time the service is rendered. Please drop off patient record at the VTF to complete registration process. I have reviewed and will abide by the Responsible Pet Ownership and Use of the Vicenza Veterinary Treatment Facility Memorandum.								
Owner signature			Ĺ	Date				



MCEU-VRA-VB

7 FEBRUARY 2025

## MEMORANDUM FOR ALL US ARMY GARRISON ITALY PET OWNERS

SUBJECT: Use of the Vicenza Veterinary Treatment Facility and Responsible Pet Ownership

1. Guidelines for using the Veterinary Treatment Facility (VTF)

a. Personnel authorized care at military facilities are authorized services at the VTF.

b. You must register your pet with the VTF <u>prior</u> to being eligible for services. For registration to be complete you must email or bring a hard copy previous medical history not done at a VTF. No appointment will be scheduled until we have these records.

c. Veterinary services cannot be provided in support of any commercial operations raising animals (pets or livestock) for sale or profit. Any animal used for breeding is considered a commercial animal.

d. Monthly schedules can be found on our webpage: <u>https://mrc-europe.army.mil/Public-Health-Command-Europe/-Programs-Services/-Veterinary-Services-Treatment-Facilities/Vicenza-Veterinary-Treatment-Facility/</u>

e. Appointments are required for examinations and can be scheduled by telephone, in person or by email. The clinic does not provide after-hours emergency care. A list of after-hour veterinary clinics is posted at the entrance to the VTF and our webpage.

f. Pets must be on a leash or in a carrier while in the VTF. Children must be supervised closely. Muzzles may be required for animals on a case-by-case basis for the safety of staff and other pets.

g. Please arrive 15 minutes prior to your scheduled appointment. <u>If you arrive more than</u> ten minutes late for your appointment, you may be asked to reschedule and be marked as a No-Show. Please call 24 hours in advance to cancel your appointment. Two missed appointments will result in service privilege suspension for 30 days. The third missed appointment will result in service privilege suspension for six months.

h. In accordance with the Global Veterinary Medicine Practice (GVMP) guidance, during wellness visits (vaccines, etc), a doctor will examine your animal but will not treat any conditions other than flea infestation, intestinal parasitism, or ear mites, or perform additional diagnostics. If you are concerned about your pet's health, you <u>must</u> schedule an appointment for a sick call. This is so the doctor has adequate time to diagnose and treat your pet's condition(s).

i. If the registered owner cannot be present for a pet's appointment, written authorization

MCEU-VRA-VB SUBJECT: Use of the Vicenza Veterinary Treatment Facility and Responsible Pet Ownership

from the registered owner will be necessary for the animal to receive care. Written authorization or specialized power of attorney will be documented in the pet's medical record. The individual presenting the pet will be financially responsible for services provided.

2. Animal Care Regulations:

a. Base regulations require you to have your animal on a leash, in an approved carrier, or a fenced yard. Your animal must have access to food, water, and shelter. <u>Animals may not be left unattended in a vehicle or left tied by a leash</u>. When traveling in a vehicle, your animal must be properly restrained.

b. By European Union Regulation (EU Reg No 576/2013), dogs and cats must have a permanent unalterable form of identification in the form of microchip or clearly readable tattoo. This clinic uses ISO 15-digit microchips.

c. Per the Italian Ministry of Health, dogs and cats must be registered with the local health department (Unità Locale Socio-Sanitaria, ULSS) within 10 days of entering the country. In addition, a European Union (EU) Pet Passport is required for travel within the EU and to PCS out of Italy. Registration and application for a Pet Passport can be done simultaneously. Due to the requirement to have a physical address for registration, US citizens that PCS to Italy may wait until they move into housing before registering their pets. <u>Failure to register your pet(s) in a timely manner may result in fines from Italian authorities and additional processing fees.</u>

d. If you relinquish ownership (to an American <u>or</u> Italian) you must come to the veterinary clinic to transfer records of ownership. The clinic does not accept unwanted animals. **You will be held liable for the animal and its actions if the records remain in your name.** 

3. Release of Personal Information. In the event that there is an investigation initiated by the Italian Government or Military Police against you or your family regarding your pet(s), we must give basic information to the authorities, to include the name, phone number, and address of the sponsor as well as animal information to include microchip verification and vaccination status.

4. The point of contact for this memorandum is CPT Colleen McCammond at DSN 314-636-9460 or COMM 0444-61-9160.

MCCAMMOND.COLLEE N.ADELE.1174853882 Date: 2025.03.06 18:18:24 +0100

COLLEEN A. MCCAMMOND CPT, VC Branch Chief