VILSECK

Veterinary Treatment Facility (PHC-Europe)

PET REGISTRATION FORM								
SECTION 1: (YELLOW FIELDS MUST BE COMPLETELY FILLED OUT)								
Sponsor's Name (Last, First, Middle Initial):			APO Address					
			APO, AE					
Cell Phone:			Worl	Work Phone (DSN and/or CIV):		Spouse Cell Phone:		
Email Address (Personal):			Email Address(es): (at least Full Work: xxx.x.xxx.mil@mail.mil or equivalent)					
Spouse's Name:			Spouse's Email:					
Sponsor's Employer (Unit):			Spor	nsor's Employer (S	upervisor/1SG):	Sponsor's Employe	er (Phone)	:
Branch (AF, ARMY, DOD, etc.):	Status (circle one):	Rank:		Housing (circle or	ne):	Last Duty Station	n:	
	Active Duty / Civilian		İ	ON POST	/ OFF POST			
Reminders: Would you like to receive appointment reminders by phone or by email?								
□ Phone □ Email								
SECTION 2: Pet Information								
PATIENT #1								
Name: Please include both pet's name and Microchip number:			Spec	cies (circle one):	Breed:		Mixed:	
			Cani Othe	ine / Feline / er		□ Yes	□ No	
Sex:				Color(s):		Date of Birth (MM/DD/YYYY)		
☐ Male ☐ Male/Neutered ☐ Female ☐ Female/Spayed						☐ Approx		
PATIENT #2								
Name: Please include both pet's name and Microchip number:			Spec	cies (circle one):	Breed:		Mixed:	
			Cani Othe	ne / Feline / er			☐ Yes	□ No
Sex:			Color(s):		Date of Birth (MM/DD/YYYY)			
☐ Male ☐ Male/Neutered ☐ Female ☐ Female/Spayed						☐ Approx		
Signature: The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance incurred for services rendered. In the event that I have an outstanding balance I understand that this Veterinary Treatment Facility may contact my command.								
<u>Signature</u>						<u>Date</u>		

Revision: 18 April 2017