



Vilseck Veterinary Treatment Facility



Please email these forms along with your pet's veterinary records to **usarmy.landstuhl.medcom-ph-e.mbx.vilseck-vtf@health.mil**

Please allow 3 business days for your information to be entered into our system. You will receive an email confirmation when your account is established & ready for scheduling.

Date: _____

SPONSOR'S INFORMATION

Sponsor's Name: _____ Spouse's Name: _____

Rank: _____ Branch: _____ Unit: _____ Dual Mil

Mailing Address: CMR _____ Box _____ APO, AE _____ ZIP Code _____ Physical

Address: _____

City: _____ ZIP Code: _____

Sponsor Primary Phone: _____ Work/DSN: _____

Spouse Phone: _____ Other: _____

Primary email for reminders/communications: _____

Commander/Supervisor email: _____

PET INFORMATION

PET # 1:

Has your pet ever been seen at a military facility? If so, which location? _____

Pet Name: _____ Species: _____ DOB: _____

Breed: _____ Color: _____

Microchip #: _____ Gender: _____ Spayed/Neutered? _____

PET # 2 (if applicable):

Has your pet ever been seen at a military facility? If so, which location? _____

Pet Name: _____ Species: _____ DOB: _____

Breed: _____ Color: _____

Microchip #: _____ Gender: _____ Spayed/Neutered? _____

I understand that it is my responsibility to contact the VTF if any changes to the above information occur. I recognize that I am financially responsible for payment, in full, of services rendered at the time they are provided. Furthermore, I understand that just as the VTF staff is expected to treat all patrons in a courteous and professional manner, I too am to extend the same courtesy to each of them. I recognize that the VTF has the right to refuse services should I fail to comply with the above terms.

Print Name: _____ Sign: _____