ENROLLMENT FORM

*This form does NOT constitute registration for on base residents. To be registered on base, animals must meet the requirements/restrictions in FH 40-5, FH 210-48 and any other applicable regulations.

SPONSOR INFORMATION

Sponsor Name_____
Last First MI Rank

Address_____
Number & Street Apt# City State Zip

Primary Phone_____ Alternative Phone_____

Email Address_____

Branch of Service_____ Active/Retired/Reservist(Please circle)

Unit:_____Unit Phone:_____

Spouse Name_____

Pet Information

Pet # 1
Name_____ Gender_____ Sterilized Yes/NO CAT DOG

Birthday or Age_____Color_____Breed_____

Weight _____Microchipped Yes/No If so, enter #_____

Pet # 2
Name_____ Gender_____ Sterilized Yes/NO CAT DOG

Birthday or Age_____Color_____Breed_____

Weight _____Microchipped Yes/No If so, enter #_____

Pet # 3
Name_____ Gender_____ Sterilized Yes/NO CAT DOG

Birthday or Age_____Color_____Breed_____

Weight _____Microchipped Yes/No If so, enter #_____

VETERINARY HEALTH RECORD

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, 8013.

PRINCIPAL PURPOSE(S): To ensure that all veterinary care, treatment, immunizations, etc., provided to animals of authorized owners are recorded.

ROUTINE USE(S): Used to maintain health records of records of animals and to locate animal owners for follow-up notification of care or treatment received.

DISCLOSURE: Providing personal information is voluntary. If information is not provided, the animal will not be provided veterinary care.

SIGNATURE_____ DATE:_____