

**Please Return Form in Person and bring a Valid ID Card, or email to dlvtfvilseck@eur.army.mil.
Pet is NOT Required for Registration.**

USAG GRAFENWOEHR VETERINARY TREATMENT FACILITY REGISTRATION INFORMATION

Welcome to the USAG Grafenwoehr Veterinary Treatment Facility (VTF). Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both pages of this information sheet.
On-line Pet Registration will reduce your time at the VTF when you come in; no appointment is needed to register your pet, just walk-in, show your ID card and sign this form. We already have your information!

Your Rank & Name (First Middle Initial Last)

Spouse/other

CMR

BOX

City, State (APO, AE)

Zip

Physical Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email address

Spouse/Other Email

Unit*

Unit Phone # *

First Line Supervisor*

DEROS: _____ *= at least 1 of these 3 blanks must be filled in order to register your pet

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

At this time, we accept cash, checks, and VISA/MasterCard. We charge a \$36.00 fee for returned checks.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES AND ON FLEA / TICK AND HEARTWORM PREVENTION AT ALL TIMES.

CUSTOMER SIGNATURE _____ DATE _____

OIC VTF SIGNATURE /STAMP _____ DATE _____

Can be signed on site:

Please list individual pet information on the attached form/turn page for pet information.

Please turn the completed form into the receptionist who will enter the information into our computer system at which time you will be able to make an appointment at the front desk. In case of emergency, we have a list of local national veterinarians, as well as other pet-orientated facilities, for you available at reception as well as on-line link to our website on the USAG Grafenwöhr (Garrison) website.

ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2
Name		
Species (K-9, Fel., etc)		
Breed		
Description / Color		
Age		
Date of Birth		
Sex (Male/Female, I or N) (I=intact, N=neutered)		
Previous Hospital / Vet (City, State, Country)		
Microchip #		
Date of Last Vaccs:		
DAPP (C3)		
Bordatella (Kennel Cough)		
Leptospira		
Rabies		
FVRCP (F3)		
FeLV		
FIV		
Other Vaccs?		
Current Medications		
Current Diet		
Current Medical Conditions		
Prior Surgeries		
Last Dental Prophylaxis		

Please tell us about any other information you think we need / should have to better assist you and your pets:

* USAG Grafenwoehr only authorizes 2 pets per household in government quarters. Exception to policy may be requested through the Garrison Commander's Office; this action is initiated through your unit's S1.