



**DEPARTMENT OF THE ARMY**  
VETERINARY READINESS ACTIVITY, FORT LEWIS  
BUILDING 9030 5TH STREET  
JOINT BASE LEWIS-MCCHORD, WA 98433-9500

MCHB-RPL

13 August 2025

MEMORANDUM FOR Joint Base Elmendorf – Richardson (JBER) Veterinary Treatment Facility (VTF) Clients

SUBJECT: JBER VTF Policies

1. All pets maintained on base are required to be registered at the JBER VTF within 30 days of arrival or acquisition IAW 673<sup>rd</sup> Wing Instruction 31-202. Installation policy requires rabies vaccination for all pets, DAPv vaccination for dogs, FVRCP vaccination for cats, and recommends a microchip for all pets. Refer to housing and JBER policies for all pet ownership requirements.
2. Completed registration forms may be emailed to [jbervtf@gmail.com](mailto:jbervtf@gmail.com) or returned to the VTF. Please allow two business days before attempting to schedule an appointment.
3. Pets are seen by appointment only. The VTF does not have the capability to see privately owned animal emergencies. The VTF cannot support breeding programs or provide services to breeding animals.
4. Please contact the VTF at 907-384-2865 or email at [jbervtf@gmail.com](mailto:jbervtf@gmail.com) at minimum one duty day prior to cancel or reschedule your appointment. A missed appointment without one duty day notification will result in a no-show. Three no-shows will result in a probation period of 6 months. **Clients arriving more than five minutes late for their appointment will result in a no-show.**
5. Payment is due at time of service. If you have any questions concerning the cost of a procedure or medication, please ask the technician prior to treatment.
6. All pets must be on a leash or in a carrier while on the VTF premises. Failure to comply will result in immediate cancellation of the appointment.
7. The POC for this memorandum is CPT Maria Burgess at 907-384-0914.

Maria F. Burgess  
CPT, VC  
JBER VETERINARY SERVICES OIC

My signature verifies I have read and understand the JBER VTF policies.

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Signature

Print

Date

**Owner Information:**

Rank/Grade \_\_\_\_\_ Last/First/Middle Initial \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Home/Cell # \_\_\_\_\_ Primary #?

Spouse's Telephone # \_\_\_\_\_

Email \_\_\_\_\_ Service Branch \_\_\_\_\_

Unit/Squadron \_\_\_\_\_ Unit/Work Phone # \_\_\_\_\_

**Status:** Active   Reserve   National Guard   Retired

**Has your pet been registered in another Military Installation?** Yes   No

If "Yes", please write installation name: \_\_\_\_\_

**Patient Information:**

Patient Name \_\_\_\_\_ Age or DOB \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Sex M   F

Spayed   Neutered

Microchip Identification # \_\_\_\_\_

**Patient Information:**

Patient Name \_\_\_\_\_ Age or DOB \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Sex M   F

Spayed   Neutered

Microchip Identification # \_\_\_\_\_

**Patient Information:**

**Patient Name** \_\_\_\_\_ **Age or DOB** \_\_\_\_\_

**Species** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Color** \_\_\_\_\_ **Sex** M F

**Spayed** **Neutered**

**Microchip Identification #** \_\_\_\_\_

**Additional Information:**

**Does your pet have Food Allergies or has your pet had Vaccine/Medication reactions? Y/N If patient has Food or Vaccine/Medication Allergies, please describe below**

**Any previous Behavior or Muzzle requirements for veterinary appointments? Y/N If there are any Previous Behavior or Muzzle requirements, please describe below**

**Does your pet require any additional special considerations when visiting the Veterinary Treatment Facility? Y/N If there are additional special considerations, please describe below**

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

**PRINCIPLE PURPOSE(S):** To ensure that all veterinary care, treatment, immunizations, etc., provided to animals [ - authorized owners are recorded

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

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_