

# Fort Wainwright/Eielson AFB Pet Registration

## Owner Information

Sponsor \_\_\_\_\_ Spouse \_\_\_\_\_  
Last First MI First (include last name if different from sponsor)

Address \_\_\_\_\_ Apt. \_\_\_\_\_  
Street \_\_\_\_\_  
City, State Zip Code

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Sponsor Phone \_\_\_\_\_ Spouse Phone \_\_\_\_\_

Service \_\_\_\_\_ Military Status \_\_\_\_\_ Grade \_\_\_\_\_ Unit \_\_\_\_\_

Email Address \_\_\_\_\_ Reminder Preference: email / phone

## Pet Information

Name \_\_\_\_\_ Species:  Canine  Feline

Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Sex  M  F  Spayed / Neutered

Microchip No. \_\_\_\_\_

Name \_\_\_\_\_ Species:  Canine  Feline

Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Sex  M  F  Spayed / Neutered

Microchip No. \_\_\_\_\_

### VETERINARY HEALTH RECORD PRIVACY ACT STATEMENT

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

PRINCIPLE PURPOSE(S): To ensure that all veterinary care, immunizations, etc., provided to animals of 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 personal information is voluntary. If information is not provided, the animal will not be provided veterinary care.

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

Please fill out this form completely, sign, date, and fax, along with vaccination records, to the Fort Wainwright Veterinary Treatment Facility at (907) 361-4853.

**It will be possible to schedule an appointment no less than 2 working days after the VTF receives this form.**