

# Joint Base Lewis-McChord Veterinary Center

Building 768 Warehouse Rd

JBLM, Tacoma, WA 98438

P: (253) 982-3951/ Fax: (253) 982-9062

## New Client Information

\*We require Military ID at time of registration and at all Appointments\*

Sponsor's Name:	_____	Rank:	_____
Spouse's Name:	_____		
Residence address:	_____		
City:	State:	Zip:	
Sponsor's Phone:	Spouse's Phone: _____		
Email Address :	_____		
Unit:	Work Phone:		_____
Supervisor Name:	Supervisor #: _____		
Branch:	_____		
Status:	_____		

Wellness exam appointments are available for vaccinations, microchips, and heartworm tests only. These appointments are scheduled for 15-20 minutes only, which limits our ability to see issues other than those listed. Sick call appointments are available for other health issues and can range up to 45 minutes. If you are more than 10 minutes late for your appointment you may have to reschedule. If you are late 3 times for your scheduled appointments you will lose your privileges to use this facility for one year and your unit will be contacted. If at any time your pet's medical needs exceed our clinic's capabilities we will help refer your pet for additional care to a specialized clinic. We also provide routine spay, neuters, and regular dental cleanings. Dental cleanings can only be scheduled after the pet has been evaluated by our doctor. \_\_\_\_\_ Initials

\*Please provide us with any of your pet's previous immunization and medical records.

### Pet #1:

Pet Name:	_____	Breed:	_____	Color:	_____
DOB:	_____	Microchip #:	_____		
<b>If living on post, current Rabies, DAPv or FVRCP and Microchip are required for the Housing Registration Form.</b>					
Medical condition/health concerns:	_____				
Medications:	_____				

## Pet #2:

Pet Name:		Breed:	Color:
DOB:		Microchip #:	

**If living on post, current Rabies, DAPv or FVRCP and Microchip are required for the Housing Registration Form.**

Medical condition/health concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

## Pet #3:

Pet Name:		Breed:	Color:
DOB:		Microchip #:	

**If living on post, current Rabies, DAPv or FVRCP and Microchip are required for the Housing Registration Form.**

Medical condition/health concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

## Pet #4:

Pet Name:		Breed:	Color:
DOB:		Microchip #:	

**If living on post, current Rabies, DAPv or FVRCP and Microchip are required for the Housing Registration Form.**

Medical condition/health concerns: \_\_\_\_\_

Medications: \_\_\_\_\_