

**JBER VTF REGISTRATION FORM**

Sponsor's Name: \_\_\_\_\_  
Last First MI

Sponsor's: \_\_\_\_\_  
Rank/Grade Branch Status (i.e. Active, Reserve)

Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_ City State Zip

Home Phone: \_\_\_\_\_ Unit Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Email Address \_\_\_\_\_

Unit \_\_\_\_\_ Spouse's Name \_\_\_\_\_

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**PET INFORMATION**

Name \_\_\_\_\_ Species (i.e. K-9, Feline) \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age or Birth date \_\_\_\_\_

Sex \_\_\_\_\_ Spayed / Neutered (circle if applicable)

Microchip: Yes / No (circle if applicable) Microchip# \_\_\_\_\_

Coming from another Military base? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
.....

Name \_\_\_\_\_ Species (i.e. K-9, Feline) \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age or Birth date \_\_\_\_\_

Sex \_\_\_\_\_ Spayed / Neutered (circle if applicable)

Microchip: Yes / No (circle if applicable) Microchip# \_\_\_\_\_

Coming from another Military base? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
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Name \_\_\_\_\_ Species (i.e. K-9, Feline) \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age or Birth date \_\_\_\_\_

Sex \_\_\_\_\_ Spayed / Neutered (circle if applicable)

Microchip: Yes / No (circle if applicable) Microchip# \_\_\_\_\_

Coming from another Military base? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
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**VETERINARY HEALTH RECORD  
PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, United States Code, Sections 3013, 5013, and 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 animals and to locate animal owners for follow-up notification of care or treatment received.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_