

MCBH VET CLINIC POLICIES AND CLIENT RESPONSIBILITIES

We would happily see your pet for routine vaccinations, puppy/kitten vaccination series, annual exams, **non-emergent sick calls**, as well as the sale of prevention medication. **WE do not provide EMERGENCY CARE.** We only accept Visa, MasterCard, Discover, or personal checks.

Mission Statement:

Our mission is to provide veterinary care to our Military Working Dogs (MWD) and to protect our service members, family. Members, and civilians by controlling, treating and preventing the spread of transmittable diseases. Within Oconus, military veterinary facilities are authorized to treat transmittable disease between humans and animals. We may refer your pet to a civilian veterinarian for the treatment of non-communicable conditions. Our goal is to provide quality professional veterinary care in a timely manner to all AUTHORIZED personnel and their privately owned animals.

Client Information and Responsibilities:

1. We can only provide service for personal pets of **Active Duty Military, Retired Military Members, Activated National Guard, Reservists** with active orders and their dependents. A valid military ID should be provided at each visit.
2. Due to multiple missions and priorities of the US Army Veterinary Treatment Facilities and its soldiers, it is crucial that you always have a **PRIMARY CIVILIAN VETERINARIAN** for after-hour weekend care, certain surgical procedures, and **ALL EMERGENCY CARE.**
3. All cats and dogs kept on **DOD Installations on Oahu** are required to have an identification microchip implanted (USAG-HI-21). Also if living in Army housing pet must have all required immunizations, including rabies for both cats and dogs; distemper, leptospirosis, hepatitis, parvovirus, and parainfluenza for dogs; and rhinotracheitis, panleukopeni, and calicivirus for cats (feline leukemia may be recommended in certain situations).
4. Walk-ins are occasionally seen on a case by case basis based on veterinarian availability. We recommend scheduling appointments 2 weeks in advance to ensure an appointment time is available.
5. **Your pet must have established a Doctor/Client relationship and Health Record with our clinic before we may dispense any drugs (vaccines), prescription drugs, to include heartworm preventative.**
6. Notify MCBH Vet Clinic if someone other than you will have permission to bring your pet in or make purchases on your account for your pet. The caretaker will need to present a power of attorney authorizing veterinary care and be responsible for the bill at time of service.
7. **This Clinic has a STRICT NO-SHOW POLICY in effect.** Due to the high volume of patients needing to be seen and the limited amount of space/time; NO-SHOWS affect our ability to properly serve our military community. **A No-Show constitutes not giving 24 hour cancellation notice,** arriving 10 minutes past the appointment time without notice and having to be rescheduled OR not arriving to the appointment at all. **TWO No-Shows** in a 1 year period will result in client speaking with clinic NCOIC or OIC. **THREE No-Shows within a 1 year period results in loss of privileges for 1 year at all Military Vet Clinics on island.**
8. **All product sales are FINAL.** Exchanges or returns will be made on case by case basis and approved the clinic OIC/NCOIC.
9. We will provide professional veterinary care at all times and ask for the same courtesy/professionalism in return.
10. **Payment is due at the time services are rendered.** We **DO NOT** accept care credit or payment plans.
11. All dogs are required to either be on leash or in a carrier. All cats should be in carriers. Animals will not be removed from carriers while in waiting area. Owners are required to clean up after their pets and maintain control of their pets at all times.
12. We reserve the right to cancel scheduled clinics of privately owned animals should an emergency arise with a Military Dog.
13. For their safety, please make every attempt to avoid bringing children under the age of 12 into the clinic during hours. Children cannot be left unattended either in a vehicle or outside the clinic while parents are seeking our services; keeping an appointment.
14. Any animal used for breeding purpose to include stud service and breeding bitches and queens are not allowed to use this facility. (IAW AR 40-905)
15. Tobacco product use, to include smokeless tobacco, is prohibited on the VTF campus which includes the building, exterior awnings, and parking lot.

By signing this statement, you agree that you have been informed of these policies. You agree to abide by these, policies to the responsibility of informing all family members of these policies. You may be asked to reschedule your appointment, privileges to the facility for non-compliance.

PRIVACY ACT STATEMENT

Authority: Title 10, United States Code, Section 3013, 5013, and 8013

Principle Purpose(s): To insure that veterinary care, treatment, immunizations, etc, provided animals of authorized owners are recorded
Routine Uses: Used to maintain health records of Animals and locate animal owners for follow-up notification of care or treatment received

Disclosure: Providing personal information is voluntary. If information is not provided, animal will not be given veterinary care

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Signature of Person completing form

Print Sponsor's Names

Date

MCBH Vet Clinic Registration Form

Sponsor's Name: _____

Dependent: _____ Military ID: Yes / No

Home Address: Street: _____

City: _____ Zip: _____

Do you live in Government Housing? : Yes / No

Sponsor's Phone: _____ Secondary Phone: _____

Branch of Service: USA USMC USN USAF USCG

Grade/Rank: _____ Status: Active Retired Reserve (w/active orders)

Unit Name (Company & BN): _____

Duty Phone: _____

Email: _____

Pet Information

Pet #1

Name: _____ Species: CANINE / FELINE

Breed: _____ Gender: M / MN / F / FS

DOB: _____ Color: _____

Microchip Number (If Applicable): _____

Pet #2

Name: _____ Species: CANINE / FELINE

Breed: _____ Gender: M / MN / F / FS

DOB: _____ Color: _____

Microchip Number (If Applicable): _____

Pet #3

Name: _____ Species: CANINE / FELINE

Breed: _____ Gender: M / MN / F / FS

DOB: _____ Color: _____

Microchip Number (If Applicable): _____