



DEPARTMENT OF THE ARMY
 HEADQUARTERS, PUBLIC HEALTH ACTIVITY-HAWAII
 BLDG 934, DUCK ROAD
 SCHOFIELD BARRACKS, HAWAII 96857

Date Received: _____
 ID Verified: _____
 Date Registered: _____ IN: _____

MCHB-RP-CBH

26 September 2019

MEMORANDUM FOR JOINT BASE PEARL HARBOR HICKAM VTF PATRONS

SUBJECT: Registration of Personally Owned Animals (POA) with JBPHH Veterinary Treatment Facility (VTF)

1. The POA(s) listed below require(s) registration with the JBPHH VTF. **To complete the registration packet, documentation of the most recent vaccinations/heartworm test/fecal, proof of a microchip, and owner identification MUST be included.**
2. Please allow **7 BUSINESS DAYS** after receipt of registration packet for processing prior to calling for an appointment.

Sponsor's Last Name _____ First Name _____ Grade _____

Spouse _____

Home Address _____

 (city)

 (zip)

Primary Phone # _____ Alt Phone # _____

EMAIL: _____

SPONSOR'S DUTY PHONE # (required) _____

Branch of Service: *USA USAF USN USMC USCG* Status: *Active Retired Reserve*

Government Housing (includes off post housing) *YES NO*

SPONSOR'S UNIT / DUTY STATION (required) _____

PET RECORDS:

 If applicable, pet records must be turned in PRIOR to making an appointment, so we may copy and transcribe them into our database. **Please mark below:**

I **DO** have medical records for the pet(s) listed above and will furnish copies before my scheduled appointment time.

I **DO NOT** have medical records for the pet(s) listed above and authorize a Hickam veterinarian to provide all vaccines and lab test as deemed medically necessary.

PLEASE NOTE: If pet records are provided at the time of the scheduled appointment, the appointment will be marked as a "NO SHOW" and rescheduled for a later date (at least 5-7 business days later).

SIGNATURE: _____ DATE: _____

PET(S) INFORMATION:

Pet #1
Name: _____ **Species:** *CANINE* *FELINE*
Breed: _____ **Gender:** *MALE FEMALE* **Fixed:** YES NO
DOB or Approx. Age: _____ **Color:** _____
Microchip Number (Required- if none, write n/a): _____

Does this pet have any known allergies, vaccine reactions or medical conditions that we need to know about? YES NO

If YES, please explain, and attach any medical records associated with the condition in the packet.

Pet #2
Name: _____ **Species:** *CANINE* *FELINE*
Breed: _____ **Gender:** *MALE FEMALE* **Fixed:** YES NO
DOB or Approx. Age: _____ **Color:** _____
Microchip Number (Required- if none, write n/a) _____

Does this pet have any known allergies, vaccine reactions or medical conditions that we need to know about? YES NO

If YES, please explain, and attach any medical records associated with the condition in the packet.

CLINIC USE ONLY

Date registered with the JBPHH VTF: _____

Date records uploaded into ROVR: _____

3. POC is undersigned at 808-449-6481.



MARK A. RYAN
CPT, VC
Chief, Joint Base Pearl Harbor Hickam



DEPARTMENT OF THE ARMY
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REPLY TO
ATTENTION OF:

MCHB-RP-C

12 September 2019

MEMORANDUM FOR PUBLIC HEALTH ACTIVITY – HAWAII VETERINARY FACILITIES' PATRONS

SUBJECT: Public Health Activity – Hawaii Veterinary Facilities' Policies

1. Welcome to the PHA-Hawaii Veterinary Facilities. These policies are in effect at the Fort Shafter Veterinary Activity (VETAC), Schofield Barracks Veterinary Treatment Facility (VTF), Joint Base Pearl Harbor Hickam VTF, and Marine Corps Base Hawaii VTF. These policies are in effect to efficiently and effectively provide your pet with quality veterinary care and ensure the safety of our patients, their owners, and our staff.

a. In accordance with AR 40-905, veterinary care is authorized to POAs whose owners are authorized DOD medical care.

b. Due to the broad nature of our mission, emergency/critical care services are not routinely offered and in depth diagnostics/treatment are not always available. Owners are highly encouraged to maintain a veterinary-client-patient relationship with a civilian veterinarian at an off-post facility.

c. As a safety precaution, children under the age of 12 years must be supervised by an adult at all times. Your child's safety is important to us. We reserve the right to reschedule your appointment.

d. Clients may not be able to adequately restrain their pet. Every precaution will be made to ensure the safety of the patient, their owners, and the veterinary staff. This may include, staff restraint, muzzles, appropriate sedation (with owner approval), and other means of appropriate restraint. For safety purposes, the appointment may need to be rescheduled to allow more time for the visit.

e. All dogs must be on a leash or in a carrier and under the control of the owner at all times. All cats must be in a carrier. Retractable leashes should be at the shortest length while in the veterinary facility.

f. All patients seeking services or products at the veterinary facility must be registered at the veterinary facility, provide a valid DoD Identification Card, and provide the most recent medical records for the patient. All housing, installation, and state policies/laws must be adhered to at all times.

g. A valid veterinary-client-patient relationship (VCPR) must exist at the veterinary facility before prescriptions can be written or filled. For prescription refills, the patient must have been seen at a military veterinary facility in the last 12 months and have a valid refill available. For heartworm prevention, the patient must have had a negative heartworm test in the last 12 months. PHA-Hawaii veterinarians will honor a client's request for a written prescription in lieu of dispensing medication at no charge. Military veterinary facilities cannot serve as a pharmacy and fill written prescriptions by off-post veterinarians unless there is a previous VCPR for that condition.

h. Please arrive 10 minutes early for your scheduled appointment. Arriving over 10 minutes late to an appointment may result in the appointment being considered a "no-show." The veterinary staff will make every effort to accommodate your pet, but other scheduled clients and patients must be considered the priority.

i. No-shows affect our ability to serve the community. No-shows include cancelling an appointment within 24 hours of the appointment time, arriving more than 10 minutes late for an appointment, and missing an appointment. A no-show will be considered for each pet if multiple pet appointments are made. Each no-show will be documented in the patient's record. **More than three no-shows in a 12 month period will result in loss of privileges at the veterinary facility for one year.**

j. Cash, Checks, money orders, and Mastercard/Visa credit or debit cards are accepted. Payment is required at the time services are rendered.

MCHB-RP-C

SUBJECT: Public Health Activity – Hawaii Veterinary Facilities' Policies

k. Patients are seen by appointment only. Walk-ins are highly discouraged. Double booking at two or more of our clinics is highly discouraged and can possibly result in a no-show.

l. Animals used for breeding purposes are not authorized care at the veterinary facility (per AR 40-905).

m. If the ownership of a pet is transferred, it is required that the original owner notify the veterinary facility of the transfer in writing.

n. If an appointment is made for a patient by someone other than the pet's owner, a valid Power of Attorney for the pet will be required before any services are rendered.

o. In accordance with AR 600-83, the PHA-Hawaii campuses are tobacco free. No tobacco use, including smokeless tobacco and electronic nicotine delivery devices, is allowed on the veterinary facility campuses.

p. Personal information will be maintained in accordance with the Privacy Act that follows:

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 all 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.

2. PHA-Hawaii veterinary facility contact information:

a. Schofield Barracks VTF: 808-655-5893/5889

b. Fort Shafter VETAC: 808-438-5231

c. Joint Base Pearl Harbor Hickam VTF: 808-449-6481

d. Marine Corps Base Hawaii VTF: 808-257-3643

LITTLE, JERED, D. 1

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Digitally signed by LITTLE, JERED, D. 256263765
Date: 2019.09.23 09:16:25 -1000

JERED D. LITTLE
LTC, MS
Commanding

I have read, understood, and agree to comply with the policies listed above.

Name: _____

Signature: _____

Date: _____