DEPARTMENT OF THE ARMY
HEADQUARTERS, VETERINARY READINESS ACTIVITY, HAWAII
BUILDING 934, DUCK ROAD
SCHOFIELD BARRACKS, HAWAII 96857

MCHB-RP-C 24 June 2024

MEMORANDUM FOR VETERINARY READINESS ACTIVITY, HAWAII (VRA, H) AUTHORIZED PATRONS

SUBJECT: VRA, H Veterinary Treatment Facility (VTF) Access and Client Expectations Policy

1. SCOPE. This policy covers veterinary services at the Fort Shafter Veterinary Activity (VETAC), Schofield Barracks VTF, Joint Base Pearl Harbor-Hickam VTF, and the Marine Corps Base Hawaii VTFprovide your pet with quality veterinary care and ensure the safety of patients, owners, and staff.

2. MISSION. VRA, H provides comprehensive Veterinary, Food Protection Services and Public Health Service Support to all DoD customers, beneficiaries, and stakeholders to promote health and diplomacy in the Central Pacific Region. Our clinical mission is to provide comprehensive veterinary care to Military Working Animals (MWA) and Government Owned Animals (GOAs). We may also provide routine wellness, sick visit, and surgical procedures based on availability to privately owned animals (POAs) based on availability of providers and mission priorities.

3. POLICIES.

a. In accordance with AR 40-905, veterinary care is authorized to POAs whose owners are authorized DOD medical care. Authorized patrons shall be identified by an official form of identification including:

(1) the DoD Common Access Card with affiliation "uniformed services" on the front of the card, (Possession of a Common Access Card which is labeled as "Identification Card" on the front is not proof of eligibility),

(2) DD Form 2 (retired active duty and retired reserve ID cards),

(3) DD form 2765 (Medal of Honor recipients)

(4) 100% disabled veterans, and/or other eligible categories as described in DoD policy; or by official identification card issued by Military Service of which the patron is affiliated." In general, the reverse side of identification cards will have a labeled "benefits number" which will indicate eligibility for services.

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 (VCPR) with a

civilian veterinarian at an off-post facility. You may call or visit us for a list of facilities within the area.

c. We do not see walk-ins if not explicitly listed or permitted by specific providers. We require scheduling appointments in advance to ensure an appointment time is available. Double booking at multiple clinics is highly discouraged and can possibly result in a no-show.

d. 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.

e. All pets kept on Military Installations on Oahu are required to have an identification microchip and at a minimum to be vaccinated against rabies and other core and/or elective vaccines as established by housing and/or installation regulation or policy.

f. Staff and clients have a mutual responsibility to treat everyone with dignity and respect. Any disrespectful behavior towards staff and/or clients will not be tolerated.

g. 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.

h. 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.

i. 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.

j. A 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 and microfilaria test in the last 12 months. VRA, H veterinarians can honor a client's request for a written prescription in lieu of dispensing medication at no charge. Veterinarians may deny filling a script even with a valid VCPR. 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.

k. Please arrive 10 minutes prior for your scheduled appointment. Arriving more than10 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 will be considered the priority.

l. All product sales are FINAL. Exchanges or returns will be made on case by case basis and approved the clinic OIC/NCOIC.

m. 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. Three no-shows in a 12 month period will result in loss of privileges at the veterinary facility for one year with a written memo by the Commander of VRA, H.

n. Checks, money orders, and Mastercard/Visa credit or debit cards are accepted. American Express is not accepted. Payment is required at the time services are rendered.

o. There are no house calls or treatments authorized for privately owned animals (POAs) outside the VTF. All services will be performed in a VTF.

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

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

r. 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. Additionally, individuals seeking veterinary care for animals owned by individuals will be positively identified as an authorized patron in accordance with item 1.a.

s. In accordance with AR 600-83, the VRA, H campuses are tobacco free. Tobacco use, including smokeless tobacco and electronic nicotine delivery devices are not allowed on the veterinary facility campuses.

t. Personal information will be maintained in accordance with the Privacy Act that follows: Authority: Title 10, United States Code, Sections 3013, 5013, and 8013

(1) Principal Purpose(s): To ensure that all veterinary care, treatment, immunizations, etc., provided to all animals of authorized owners are recorded.

(2) Routine use(s): Used to maintain health records of animals and to locate animal owners for follow-up notification of care or treatment received.

(3) Disclosure: Providing personal information is voluntary. If information is not provided, the animal will not be provided veterinary care.

u. All health certificate appointments require by providing the VTF with required documents prior to the health certificate appointment itself. Health certificate appointments may be cancelled if the required documents from the owner/shipper are not provided at least two business days prior to the appointment. This is to include but not limited to: documentation of a microchip on or before the same day of a rabies vaccination, required titer tests for shipment to country/territory, and flight dates to ensure the validity of the health certificate upoin issue.

4. VRA, H contact information:

a. Schofield Barracks VTF:

(1) Phone: 808-433-9860/9861

(2) Email: usarmy.schofieldvtf@health.mil

b. Fort Shafter VETAC:

(1) Phone: 808-433-9736/9739

(2) Email: usarmy.fortshaftervtf@health.mil

c. Joint Base Pearl Harbor-Hickam VTF:

(1) Phone: 808-449-6481

(2) Email: usarmy.hickamvtf@health.mil

d. Marine Corps Base Hawaii VTF

(1) Phone: 808-257-3643

(2) Email: usarmy.mcbhvtf@health.mil

5. The point of contact for this policy letter is the undersigned.

DURANDO.PHILIP.JOHN.1251204442
Digitally signed by DURANDO.PHILIP.JOHN.1251204442
Date: 2024.06.26 14:05:34 -10'00'

PHILIP J. DURANDO
LTC, MS
Commanding

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 and may lose privileges to VTF access for non-compliance.

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

Name:_____

Email:_____Phone:_____

Branch of Service: _____

Unit: _____

Unit Commander Name and email:_____

Unit Senior Enlisted Leader Name and email: _____

Signature:_____

Veterinary Treatment Facility Registration
Veterinary Readiness Activity, Hawaii

Sponsor's Name:_____(First & Last Name) As appears on ID

Authorized User Name:_____(Spouse, Relative, Friend, Other) **Military ID**: ◯ Yes / ◯ NO

Home Address: Street_____City_____Zip:_____

Do you live in Government Housing? ◯ Yes / ◯ No

Primary Phone:_____**Secondary Phone:**_____(one must be the sponsor's phone)

E-mail Address:_____**Grade/Rank:**_____(i.e. E5, O3)

Branch of Service: ◯ USA ◯ USMC ◯ USN ◯ USAF ◯ USCG ◉ N/A

Status: ◯ Active ◯ Retired ◯ Reserve

Unit Name(Company & BN):_____**Duty Phone**:(808)_____

Pet # 1 Information:

Does this pet have prior vet records? ◯ Yes / ◯ No **Were they seen at at a military clinic in the past?** ◯ Yes / ◯ No

Name:_____**Species**: ◯ Canine ◯ Feline ◯ Other (specify): _____

Breed:_____**Gender**: ◯ Male ◯ Female ☐ Spayed/Neutered

Date of Birth or Approximate age:_____**Color**: _____

Microchip Number(if known at time of registration):_____

Pet # 2 Information:

Does this pet have prior vet records? ◯ Yes / ◯ No **Were they seen at at a military clinic in the past?** ◯ Yes / ◯ No

Name:_____**Species**: ◯ Canine ◯ Feline ◯ Other (specify): _____

Breed:_____**Gender**: ◯ Male ◯ Female ☐ Spayed/Neutered

Date of Birth or Approximate age:_____**Color**: _____

Microchip Number(if known at time of registration):_____

Pet # 3 Information:

Does this pet have prior vet records? ◯ Yes / ◯ No **Were they seen at at a military clinic in the past?** ◯ Yes / ◯ No

Name:_____**Species**: ◯ Canine ◯ Feline ◯ Other (specify): _____

Breed:_____**Gender**: ◯ Male ◯ Female ☐ Spayed/Neutered

Date of Birth or Approximate age:_____**Color**: _____

Microchip Number(if known at time of registration):_____

Pet # 4 Information:

Does this pet have prior vet records? ◯ Yes / ◯ No **Were they seen at at a military clinic in the past?** ◯ Yes / ◯ No

Name:_____**Species**: ◯ Canine ◯ Feline ◯ Other (specify): _____

Breed:_____**Gender**: ◯ Male ◯ Female ☐ Spayed/Neutered

Date of Birth or Approximate age:_____**Color**: _____

Microchip Number(if known at time of registration):_____

Please read reverse side and sign at the bottom, indicating that you have fully read and understood.

THANK YOU!

@VETERINARYREADINESS_ACTIVITYHI

Please follow us on instagram!