Sasebo Veterinary Treatment Facility

Pet Registration Form

| Sponsor's Name (Last, First) | PSC Box Address: | Phone Number (mobile): | Phone Number (work): |
|---------------------------------|------------------|------------------------|---|
| Service: | Rate/Rank: | Command: | Email: |
| Spouse Name: | Spouse Phone: | Spouse Email: | Appointment Reminder (Please circle one) Email Phone |

Pet Information

| Name: | Species: | Breed: | Color: |
|-----------------------|------------------|-------------|--------------|
| Date of Birth or Age: | Neutered/Spayed: | Sex: | Microchip #: |
| | Yes No | Female Male | |
| Name: | Species: | Breed: | Color: |
| | | | |
| Date of Birth or Age: | Neutered/Spayed: | Sex: | Microchip #: |
| | Yes No | Female Male | - 1 |
| Name: | Species: | Breed: | Color: |
| 41 | | | |
| Date of Birth or Age: | Neutered/Spayed: | Sex: | Microchip #: |
| | Yes No | Female Male | |

| Does your pet(s) have any pre-existing conditions? | |
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DEPARTMENT OF THE ARMY PUBLIC HEALTH ACTIVITY—JAPAN SASEBO BRANCH PSC 476 BOX 85, FPO AP 96322-0001

15 SEP 2021

MCHB-RP-JSB

MEMORANDUM FOR RECORD

SUBJECT: Sasebo Veterinary Treatment Facility Client Policies

- 1. The following policies are effective immediately. Your cooperation in adhering to the policies will be greatly appreciated.
 - a. Supporting the Military Working Dog (MWD) mission is the primary purpose of the veterinary facilities of CFAS Sasebo VTF. In the event of a MWD emergency, appointments may be delayed or canceled as necessary. Use of the Veterinary Treatment Facility (VTF) by privately owned animals is a privilege.
 - b. Clients must possess a valid U.S. Armed Forces Identification Card and SOFA status for services.
 - c. All dogs and cats must be register at the CFAS Sasebo VTF. All pets must be present for registration. Registration is comprised of (1) maintaining a record at the clinic, (2) keeping your pet(s) current on annual vaccinations, and (3) having an identification microchip. Online the sponsor or spouse may register the pet. All SOFA status members' pet(s) must be registered with the CFAS Sasebo VTF whether you live on or off base. All new pets must be registered at the VTF within 72 hours of acquisition.
 - d. In order to purchase any prescription medication an appropriate client-patient-clinic relationship must exist. We must see your pet at least every 12 months to maintain this relationship. Some medications will require a more frequent check-up and additional testing for prescriptions.
 - e. For safety reasons, it is strongly recommended that parents do not bring children under the age of 12 into the VTF. If children are brought along, they must be accompanied by a parent at all times. If a child is unruly in the VTF and safety is a concern, the pet's appointment may have to be rescheduled.
 - f. In accordance with AR 40-905, "Veterinary services will not be provided in support of commercial operations that breed or raise animals for sale or profit." Animals maintained for commercial purpose (i.e. breeding) must be seen at a civilian veterinary facility.
 - g. Our appointment availability is limited. When a client makes an appointment and does not keep the appointment, or fails to cancel at least 24 hours in advance, this appointment is considered a no show. This impacts our ability to serve all of our clients. After the second no show, a letter will be sent to your command. After the 3rd no show, another letter will be sent to your command and you will be charged for the missed appointment. If a client no shows a dental appointment, the client loses dental privileges at the VTF for 12 months. Clients must call and leave a message to cancel, and may not email or message over Facebook to cancel. (Subject to Veterinarian discretion)

- In order to maintain pets' travel readiness, owners should keep a copy of the Rabies Vaccination Certificate on hand. It is the owner's responsibility to ensure all vaccinations are given in a timely manner. Proof of vaccinations and microchip obtained at an off-base clinic must be brought to the CFAS Sasebo VTF for current registration.
- If at any time your pet is lost or passes away, you must notify the VTF as soon as possible so that we may update your pet(s) record. If you pet passes away, you will be required to furnish proper cremation/disposal/euthanasia receipts before the chart will be inactivated. If you do not recover your lost animal before PCSing, a letter from your chain of Command is required in order for you to out process.
- All pets must be leashed or kenneled while in the VTF. Pets with a history į. of aggression may be required to be muzzled during their visit.
- Do not leave pets and/or children unattended in a vehicle.
- Only the registered owner or spouse is authorized to make decisions regarding care of the pet. If at any time it is necessary for someone other than the owner to provide care, he highly encourage clients to obtain a POA for their pet to be treated. In the absence of a power of attorney (POA), written approval can be obtained by the owner of the pet by filling out a pet sitter authorization form.
- We do not have 24/7 emergency services. Please develop your own m. emergency plan for your pet(s) with an off base veterinarian. A list of the local veterinarians is available at our facility or on our Facebook page.
- Payment is due in full at the time of service.
- 2. If you have any questions about these policies or would like more information, contact the Officer in Charge.

PICO.MARY.MICHEL Digitally signed by E.1168211127

PICO.MARY.MICHELE.1168211127 Date: 2021.09.15 10:58:46 +09'00'

MARY M PICO CPT, USA Sasebo Branch OIC

I have received a copy of the CFAS Sasebo Vet Clinic's policies and have read and understood these policies. I understand that services may not be offered if I am not in compliance with the aforementioned policies. While residing at CFAS Sasebo (either on or off base) I will abide by these policies that have been established for all military and SOFA members under COMFLEACTSASEBOINST 6223.1M.

| Name (printed): | | |
|-----------------|-----|--|
| | · . | |
| Signature: | | |
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Sasebo VTF

Late Arrival and No Show Policy

No Show Policy: Missed appointments that are no canceled in advance significantly interfere with our ability to accommodate as many pet appointments as possible. An appointment that is missed is any appointment that could not be offered to another family's pet. Any client who does not show for an appointment up to 10 minutes after the scheduled time or cancel at least 24 hours in advance of their appointment is considered a "No-Show". Clients must call and leave a message to cancel, and may not email or message over Facebook to cancel. After one no-show, the client must speak with the VTF Officer in Charge to schedule any future appointments. After two no-show appointments, the VTF OIC will send a letter to the client's Command for disciplinary action. After three no-show appointments, the VTF OIC will send another letter to the client's Command and an escort from the client's Command is required at the next visit. If the client is a no-show for a surgical or dental appointment, clinic privileges are suspended for one year and a notification letter is sent to their command.

Late Arrival Policy: Late arrivals delay care for all of the patients with appointments later in the day. Clients who arrive over 10 minutes late will be marked as a no show and be asked to re-schedule.

By signing below, I indicate that I have read and understand the policy listed above.

Client Name

Signature

Date

| | Sasebo Vete | rinary Treatment Faci | lity |
|--|--|--|--|
| PCS with Pets Agreement | | | DATE |
| - Pet Owner export/imp - NO animal - If unable to making arr | rs will contact Sasebo VTF port information. ((s) will be abandoned on o move the animal(s) to the rangements to re-home the | or off base he new duty station, the ow | e and obtain proper forms and ner will be responsible for contact Sasebo VTF informing |
| understand that ar | ny failure to comply will re | | th the above regulations. I f this report through command Inited States at my expense. |
| Print Name | Print Name Sign Name | | Date |
| | Ow | ner Information: | |
| Sponsor Name (Last, First): | | Lodging Information | on: |
| Command: | | | |
| Work Phone: | | | |
| | Des | cription of Pet(s) | |
| Pet Name: | Species: | Microchip: | Final Quarantine Date: |
| Pet Name: | Species: | Microchip: | Final Quarantine Date: |