



**MCAS Iwakuni
Military Family Housing**

PET REGISTRATION FORM



DATE _____

RESIDENT NAME _____

MILITARY UNIT _____

PHONE NUMBERS WORK: _____ HOME: _____

E-MAIL _____

NUMBER OF DOGS OWNED:	DOG 1	DOG 2
PET NAME		
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
SPAYED/NEUTERED		
MALE/FEMALE		

NUMBER OF CATS OWNED:	CAT 1	CAT 2
PET NAME		
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
SPAYED/NEUTERED		
MAL/FEMALE		

VETERINARIAN TREATMENT FACILITY (VTF)

The above domestic pet(s) is/are registered at the VTF and have current rabies immunization.

DATE _____

NAME _____

JOB TITLE _____

SIGNATURE (& STAMP) _____

RESIDENT ACKNOWLEDGEMENT

I have received a copy of Chapter 3 of MCO 11000.22 and will comply with all policy provisions. I also understand that I must comply with the Installation/Base Domestic Animal/Pet Registration and Control Order/Instruction. Failure on the part of the sponsor, family members or guests to do so can result in the removal of my pet(s) from military family housing or termination of assignment to military family housing.

DATE _____

SIGNATURE _____

FOR FAMILY HOUSING OFFICE USE ONLY

DATE OF ASSIGNMENT _____

QUARTERS ADDRESS _____

DATE _____

HOUSING COUNSELOR NAME _____

SIGNATURE _____