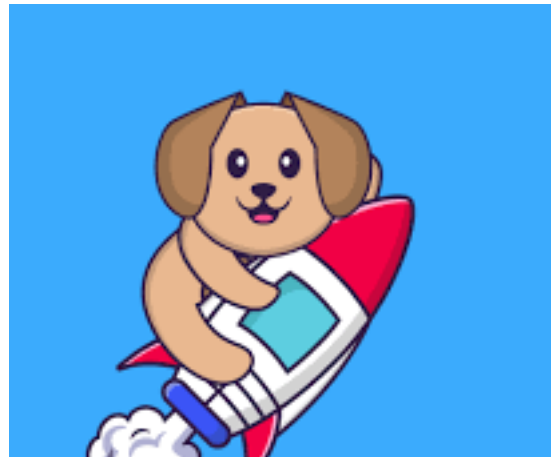


Client & Pet Registration

Welcome to our clinic and thank you for registering with the Redstone Arsenal Veterinary Treatment Facility. Please complete the following information about you and your pet accurately. Your pet's medical records are confidential and just as important as yours. Thank you!



About You:

Sponsor Name (Last, First, MI): _____

Spouse Name (Last, First, MI): _____

Rank: _____ Grade: _____ Branch of Service: _____ Retired _____

Unit: _____ Duty Phone: _____ Location: On Base ☐
Off Base ☐

Mailing Address: _____

Official/Military Email Address: _____

Alternate E-Mail Address(s): _____

Home Phone: _____ Cell Phone: _____

Spouse Phone: _____

Commander/Supervisor Information:

Name: _____ Duty Phone: _____

Email: _____

About Your Pet 1:

Name: _____

Breed: _____ Mixed: ☐

Age / Date of Birth: _____

Color: _____

Microchip: _____

Sex: ☐ Male ☐ Neutered Male

☐ Female ☐ Spayed Female

Species: ☐ Dog ☐ Cat

Health Concerns: _____

Medications: _____

About Your Pet 2:

Name: _____

Breed: _____ Mixed: _____

Age / Date of Birth: _____

Color: _____

Microchip: _____

Sex: Male Neutered Male

 Female Spayed Female

Species: Dog Cat

Health Concerns: _____

Medications: _____

About Your Pet 3:

Name: _____

Breed: _____ Mixed: _____

Age / Date of Birth: _____

Color: _____

Microchip: _____

Sex: Male Neutered Male

 Female Spayed Female

Species: Dog Cat

Health Concerns: _____

Medications: _____

About Your Pet 4:

Name: _____

Breed: _____ Mixed: _____

Age / Date of Birth: _____

Color: _____

Microchip: _____

Sex: Male Neutered Male

 Female Spayed Female

Species: Dog Cat

Health Concerns: _____

Medications: _____



DEPARTMENT OF THE ARMY
VETERINARY READINESS ACTIVITY-FT EISENHOWER
FT MOORE BRANCH
REDSTONE ARSENAL VTF
HUNTSVILLE, AL 35808

MCHB-RS-GO

31 December 2024

MEMORANDUM FOR ALL REDSTONE ARSENAL VETERINARY TREATMENT FACILITY CLIENTS

SUBJECT:Redstone Arsenal Veterinary Treatment Facility (VTF) Policies

1.**Welcome!** - Thank you for entrusting Redstone Arsenal VTF with the care of your pet!Our primary mission is to provide veterinary care to Department of Defense (DoD) owned animals. Their treatment will ALWAYS take precedence over privately Owned Animals (POA) in accordance with (IAW) AR 40-905. Please take our mission into consideration as it may be necessary to reschedule your appointment, when a DOD animal has an emergency, or needs immediate treatment. Our staff understands how important your pet is to you as their care and wellbeing is important to us. Please help us to provide the best service we can to each of your military communities by understanding and complying with our clinic policies. Please arrive 5 minutes prior to your scheduled appointment to allow time to check in.____ (initials)

2.**Scope of Services**-During clinic hours our VTF provides the following types of services to privately owned animals: preventive veterinary services (wellness screenings, immunizations, de-worming, etc.), health certificates for domestic and international travel, limited sick-call examinations and medical treatment, and limited elective surgical procedures (spays, neuters, dental cleanings, etc.). Elective surgeries may be delayed or seized during certain periods and this information will be relayed upon request.

3.**Hours of operation**- Monday-Wednesday 0800-1600.Closed for lunch 1200-1300.Closed Federal Holidays and the Last Business Day of the month. **Business hours subject to change at any time.** ____ (initials)

4.**Emergency Care** -Military Veterinary Treatment Facilities are not staffed at a level to provide overnight hospitalization or after-hours emergency care; you will need to seek veterinary care at a local, civilian veterinary facility. We strongly recommend that clients develop a client-patient relationship with a local civilian veterinarian in order to meet these needs, when required. Pets requiring care beyond the capabilities of the military Veterinary Treatment Facility or emergencies occurring after duty hours will be referred to a local civilian veterinarian.
____ (initials)

5.**Access to Care**-Services are available to all Active Duty, Retirees,Reservists and National Guard members who hold a valid ID card. Eligible patrons are those authorized medical treatment at a military medical facility.
____ (initials)

6.**Employee Respect**- Disrespect towards staff will not be tolerated. The VTF OIC and VMO reserve the right to refuse service or seek disciplinary actions through the service member's chain of command as needed.____ (initials)

7.**Registration**- All animals residing on Redstone Arsenal must be registered with the Redstone Arsenal VTF, vaccinated and microchipped /proof of microchip provided at the time of registration,even if your animal receives care from a civilian veterinarian off base. A current rabies vaccination is required for all pets.____ (initials)

8.**Microchip**-Update your contact information with your pets microchip company.

9.**Appointments**-Pets are seen by appointment only. Appointments can be made by calling,email or stopping by the VTF during normal business hours. Appointments are to be canceled on the phone at least 24 hrs prior to the appointment. Failure to show or cancel ,the appointment will be marked as a no show. If you have three offenses in a calendar year services will be suspended for six months. If you are over 15 minutes late you may be asked to reschedule your appointment. Appointments are scheduled for a specific amount of time; please inform us on all of your pet's health issues (current concerns,medication etc.)when setting up your pet's appointment.____ (initials)

10. Prescriptions-We cannot dispense any prescription items without a patient client relationship. Your pet must be seen for an appointment at least once yearly to maintain this relationship. We do ask that you give 48 hour notice to refill any prescriptions and these request can be made via email. ____ (initials)

11. Payment- Due at the upon completion of services. There is no billing or extended credit at Redstone Arsenal VTF. This facility only accepts card (Visa, MasterCard or Discover),no cash or checks at this time. ____ (initials)

12. Children-Due to the hazards associated with veterinary treatment facility,children can be injured. Hazards include but are not limited to the risk of transmission of zoonotic diseases,animal bites,exposure to chemicals and sharp objects. We highly recommend arranging childcare during your appointment. Children present for the appointment must be supervised at all times while in the veterinary treatment facility.

13. Leash Policy-All dogs entering the Veterinary Treatment Facility will be on a leash, or in a carrier. All cats entering the facility will be in a carrier. Please allow the animal care specialist,animal health assistant ,technician or veterinarian to restrain your pet during the appointment. Please beware that you may be asked to restrain your pet during examination if needed in cases of short staff ,extra restraint needed or to decrease stress to your animal. ____ (initials)

14. Aggressive Pets- Please notify the VTF if your animal has a history of aggression. This is for the safety of all clinic personnel, patients and clients. For animals deemed overly aggressive, services may be refused or alternate exam dates may be scheduled with a future care plan and possible medication. ____ (initials)

15. Animal Breeding- IAW AR 40-905 3-4.i. Veterinary services WILL NOT be provided in support of commercial operations that breed or raise animals for sale or profit.

16. Power of Attorney- A special or general power of attorney is required, authorizing another individual other than the military sponsor or family member to make veterinary medical treatment decisions on behalf of the sponsor for the care to be provided. The local Legal Assistance Office can assist with this. Please keep this in mind when planning for extended absences or deployments. ____ (initials)

17. Transfer of Ownership- A transfer of ownership letter is required to transfer ownership of an animal from one owner to another. This must include the name, address, phone number, last four of the SSN of the previous and new owner(s), and be signed by the previous owner. Until a transferred pet is de-registered from the original owner and registered under the new owner's name, the previous owner remains legally and financially responsible for all costs associated for the pet. ____ (initials)

RESPONSIBLE PARTY OF ANIMAL(S) MUST BE AT LEAST **18 YEARS** OF AGE.

I (print name) _____ have read and understand the above stated policies. I understand that if I am not in compliance with the above stated policies (as well as other applicable on-post policies regarding privately-own ed animals) and that if I refuse to sign this policy letter, veterinary services may be denied.

Signature _____

Date _____

The point of contact for this memorandum is the undersigned and can be reached by phone at 256-876-2441, or by email at Redstonevet3583@gmail.com

SHIRISSA THOMPSON
SMITH CPT, VC
Redstone VTF OIC