



HEIDELBERG VTF REGISTRATION FORM



(Please Print)

Today's date:			Last 4 digits of Sponsor's SSN:		
SPONSOR INFORMATION					
Sponsor's Last name:		First:	Middle:	Spouse's Name:	
Rank:	Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy	Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Civilian		DEROS: / /	
Local address:		<input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post	City/Postal Code:		Home phone:
APO/FPO Address:			ZIP Code:	Cell phone:	
Unit/Employer Name:				Work phone (DSN):	
Military E-mail address:					

PET INFORMATION					
Name:		Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other:		Birth date: / /	
Breed:			Mixed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Color(s):		Weight:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered	
Microchip:		Date of Microchip: / /		Allergies:	

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The above information is true to the best of my knowledge. I understand that I need to contact the VTF if any of the above information changes. I understand that I am financially responsible for any services at the time the service is rendered. Please drop off patient record(s) at the VTF. **To FINISH the registration process I will need to provide proof of Rabies vaccination (Rabies Certificate).**

Owner signature

Date