

Hohenfels Veterinary Treatment Facility Registration Information

Sponsor: Name & Rank _____ Spouse/Other _____

Mailing Address: CMR _____ Box _____ APO AE _____

Physical Address: _____ City _____ Zip _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____ **Spouse Cell Phone #:** _____

Email Address: _____ **Spouse/Other Email:** _____

Employer Phone #: _____ **Spouse's Employer Phone #:** _____

DEROS: _____ **Unit:** _____

Professional Fees are due at the Time Services are Rendered.

We accept cash, checks, VISA and Master Card. We charge a \$36.00 fee for returned checks.

To prevent the spread of infectious diseases and parasites, we recommend animals be current on all vaccines. Pets with fleas will be treated with a topical or oral flea medication on admission, and the prescription price will be included in the invoice. I authorize administration of vaccines and parasite control as needed for my pet(s).

Signature _____ Date _____

The registration process takes up to 30 minutes. Please call and schedule a time to come in for registration.

	Pet #1	Pet #2	Pet #3
Name			
Species (Cat, Dog, etc.)			
Breed			
Color, Markings			
Date of Birth / Age			
Gender (M / F) / Fixed (Y / N)			
Current Medications			
Special Diet			
Prior Illness / Accidents			
Prior Surgery / Dentistry			

Please tell us of any other information we should have to best assist you and your pet(s):
