

**BAMBERG VETERINARY TREATMENT FACILITY
WARRNER BARRACKS-KASERN
BUILDING #7252
APO AE 09139
0951-300-7972**

MEMORANDUM FOR BAMBERG VETERINARY TREATMENT FACILITY STAFF

SUBJECT: Transfer of registered pet to new owner.

1. I, _____, am adopting out my dog\cat that is registered at the Bamberg Veterinary Treatment Facility. My pet's name is _____ and the rabies tag # is _____. The effective date of adoption is _____.

Signature of owner

2. I, _____, am adopting the above mentioned pet and I do understand the responsibility that comes with pet ownership. Upon ETSing or PCSing I will only be able to clear the Bamberg Veterinary Treatment Facility with either a DD Form 2209 (Veterinary Health Certificate) or proof of my pet's whereabouts. I also understand that my pet is required to have a Rabies vaccination yearly and that I am responsible for supplying all medical needs at my own expense.

Signature of new owner