



Tyndall AFB Veterinary Treatment Facility

Pet Registration Form

300 Iowa Avenue, Building 1407
Tyndall AFB, FL 32403
Phone: (850) 283-7372



Email: tyndallfbvet@gmail.com

PLEASE PRINT CLEARLY

Sponsor's Name: _____ (First & Last Name) As appears on ID

Authorized User Name: _____ (Spouse, Significant Other, Relative, Friend, Other)

Home Address: Street _____ City _____ Zip _____

Do you live in Government Housing? Yes / No

Primary Phone: _____ **Secondary Phone:** _____ (one **must** be the sponsor's phone)

E-mail Address: _____ **Grade/Rank:** _____ (i.e. E5, O3)

Branch of Service: USA USMC USN USAF USCG USSF

Status: Active Retired Reserve

Unit Name (Company & BN): _____ **Duty Phone:** _____

****IF YOUR PET WAS PREVIOUSLY ESTABLISHED AT ANOTHER MILITARY VETERINARY TREATMENT FACILITY, PLEASE LET US KNOW, SO WE CAN TRANSFER YOUR PET'S CHART FROM THE PREVIOUS VETERINARY TREATMENT FACILITY AND UPDATE YOUR INFORMATION****

Pet # 1 Information:

Name: _____ **Species:** Canine Feline Other: _____

Breed: _____ **Gender:** Male / Neutered Female / Spayed

Date of Birth or Approximate age: _____ **Color:** _____

Microchip Number (if known): _____ **History of vaccine reaction:** Yes / No

Pet # 2 Information:

Name: _____ **Species:** Canine Feline Other: _____

Breed: _____ **Gender:** Male / Neutered Female / Spayed

Date of Birth or Approximate age: _____ **Color:** _____

Microchip Number (if known): _____ **History of vaccine reaction:** Yes / No

Pet # 3 Information:

Name: _____ **Species:** Canine Feline Other: _____

Breed: _____ **Gender:** Male / Neutered Female / Spayed

Date of Birth or Approximate age: _____ **Color:** _____

Microchip Number (if known): _____ **History of vaccine reaction:** Yes / No

Please read reverse side and sign at the bottom, indicating that you have fully read and understood.

THANK YOU!

OUR MISSION:

Provide care to Government Working Dogs. 🐾 Prevent the spread of zoonotic disease. 🐾 Provide excellent care to privately owned animals.

OUR VISION:

To set the veterinary standard of care for the Public Health Command Atlantic Region.

Client Information and Tyndall AFB VTF Policies:

1. Pets are seen by appointment only. **We recommend owners establish a relationship with a local civilian vet** for emergency situations, after duty hours care, and limited clinic scheduling availability for appointments and surgeries. We will schedule up to 6 weeks in advance for Health Certificates, and up to 4 weeks in advance for routine appointments.
2. We reserve the right to cancel scheduled appointments of privately-owned pets should an emergency arise with a Military Working Dog.
3. **Previous vet records/vaccine history must be provided to the VTF before the day of the appointment**, if not previously seen by a military veterinary treatment facility. Failure to provide previous records/history may result in your appointment/wait taking longer than expected or possible revaccination if proper documentation is not available.
4. If your pet is traveling please notify the staff. Owners are responsible for ensuring pets meet all domestic and international requirements. The website to find the needed travel requirements is <https://www.aphis.usda.gov/aphis/home/>. Look Under Pet Travel.
5. **All pets must be on a leash or in a carrier while in the VTF.**
6. We can only provide service for pets of Active Duty Military, Retired Military members, National Guard and Reserves, and their dependents. Dependents must be 18 years or older to sponsor, make purchases, or hold the pet. ID card is required at all times.
7. **NO SHOW POLICY**
 - A NO SHOW constitutes as not giving 24 hour cancellation notice. A client will be marked a NO SHOW if they arrive 10 minutes or more past the allotted appointment time, fails to show, or if they call to cancel less than 24 hours in advance.
 - Each pet appointment scheduled and missed will each count as an individual NO SHOW.
 - After the 3rd NO SHOW, the client’s privileges are suspended for 1 year. The privilege to receive services and purchase product will be reinstated 365 days after the 3rd appointment is missed.
8. All product sales are final. No exchanges or returns will be made once an item is purchased.
9. Payment is required at the time of service (to include prescription refills completed over the phone). Payment methods accepted are: Visa, MasterCard, and Discover. **NO AMERICAN EXPRESS.**
10. Your pet(s) must have a valid Veterinarian-Client-Patient relationship and Health Record with a military VTF before Tyndall AFB VTF may dispense any prescription drugs. Your pet(s) must have been seen within the previous 12 months to purchase any medication. Any canine over the age of 1 must have a current heartworm test (within the year) in order to be prescribed heartworm prevention.
11. **Prescription refills must be called in 48 hours before pick-up.** Flea, Tick, and Heartworm prevention may be picked up the same day.
12. Any animal used for breeding purposes, to include stud service and breeding bitches and queens are not authorized to use this facility.
13. Notify Tyndall AFB if someone other than you has permission to bring your pet in or make purchases on your account for your pet. The caretaker will be responsible for the bill at time of service.
14. Please notify staff of any contact information changes to include your phone number and address.

By signing this statement, you agree that you have been informed of these policies. You agree to abide by these policies and agree to the responsibility of informing all family members of these policies. You may be asked to reschedule your appointment or lose privileges to the facility for non-compliance.

PRIVACY ACT STATEMENT

AUTHORITY:	Title 10, United States Code, Section 3013, 5013, and 8013
PRINCIPAL PURPOSE (S):	To ensure that veterinary care treatment immunizations, etc. provided to animals of authorized owners, are recorded.
ROUTINE USES:	Used to maintain health records of animals and to locate animal owners for follow-up notification of care or treatment received.
DISCLOSURE:	Providing personal information is voluntary. If information is not provided, animal will not be provided veterinary care

Signature of Person Completing Form

Print Sponsor’s Name

Date

For Official Facility Use Only:

Printed name of Receiving Clerk

Date of Transcription into ROVR

*** Please complete and return this document at least 72 hours prior to your initial visit. Failure to do so may result in an automatic NO SHOW. ***