

VETERINARY HEALTH RECORD

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, and 8013.
PRINCIPAL PURPOSE(S): To ensure that all veterinary care, treatment, immunizations, etc., provided to animals of authorized owners are recorded.
ROUTINE USE(S): 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, the animal will not be provided veterinary care.

1. SPONSOR DATA

| | | |
|--|---|---|
| a. NAME <i>(Last, First, Middle Initial)</i> | b. GRADE OR RANK | c. SSN |
| d. HOME ADDRESS <i>(Street, City, State, Zip Code)</i> | e. HOME TELEPHONE NO. <i>(Include Area Code)</i> | |
| | f. DUTY STATUS <i>(X one)</i> <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED | g. RESIDENCE <i>(X one)</i> <input type="checkbox"/> ON POST <input type="checkbox"/> OFF POST |
| h. ORGANIZATION | | i. DUTY PHONE <i>(Include Area Code)</i> |

2. ANIMAL DATA

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|---------|------------|----------|----------|------------------|--------|
| a. NAME | b. SPECIES | c. BREED | d. COLOR | e. DATE OF BIRTH | f. SEX |
|---------|------------|----------|----------|------------------|--------|

g. IMMUNIZATION DATA

| DATE OF IMMUNIZATION (1) | VACCINE TYPE & MANUFACTURER (2) | DATE OF IMMUNIZATION (1) | VACCINE TYPE & MANUFACTURER (2) |
|-----------------------------|------------------------------------|-----------------------------|------------------------------------|
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3. LABORATORY PROCEDURES

| DATE OF PROCEDURES a. | LABORATORY TEST - DIAGNOSIS - REMARKS b. |
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4. MASTER PROBLEM LIST *(Continued on back)*

| DATE FIRST DIAGNOSED a. | PROBLEM NO. b. | REMARKS c. |
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