

# STUTTGART VTF REGISTRATION FORM

(Please Print)

Today's date:			
<b>SPONSOR INFORMATION</b>			
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:			

<b>PET INFORMATION</b>		
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:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered
Microchip:		Date of Microchip:  /        /

<b>PET INFORMATION</b>		
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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 at the VTF to complete registration process.

\_\_\_\_\_  
*Owner signature*

\_\_\_\_\_  
*Date*