STATES OF STATES		
	PET REGISTRATION FORM	
DATE		
RESIDENT NAME		
MILITARY UNIT		
PHONE NUMBERS EMAIL	WORK:	HOME:
NUMBER OF DOGS OWNED:	DOG 1	DOG 2
PET NAME		
BREED		
MICROCHIP NUMBER COLOR		
SIZE/WEIGHT		
AGE	1	
MALE/FEMALE		
NUMBER OF CATS OWNED:	CAT 1	CAT 2
PET NAME	CALL	CATZ
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
MALE/FEMALE		
VETERINARIAN TREATMENT FACILITY (VTF)		
The above domestic pet(s) is/are registered at the VTF and have current rabies immunization.		
DATE		
NAME		
JOB TITLE		
SIGNATURE (& STAMP)		
RESIDENT ACKNOWLEDGEMENT		
I have received a copy of the Joint Service Pet Policy and will comply with all policy provisions. I also		
understand that I must comply with the Installation/Base Domestic Animal/Pet Registration and Control		
Order/Instruction. Failure on the part of the sponsor, family members or guests to do so can result in		
the removal of my pet(s) from military family housing or termination of assignment to military family housing.		
DATE		
SIGNATURE		
FOR HOUSING OFFICE USE ONLY		
FOR HOUSING OFFICE USE ONLY		
DATE OF ASSIGNMENT		
QUARTERS ADDRESS		
DATE		
HOUSING COUNSELOR NAME		
SIGNATURE		

Department of Defense Military Family Housing (MFH)

Okinawa Japan