

# ANSBACH VETERINARY TREATMENT FACILITY

## PET REGISTRATION FORM

### New Client Information:

Sponsor name (Last, First): \_\_\_\_\_ Rank: \_\_\_\_\_  
CMR Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Duty Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Unit: \_\_\_\_\_ DEROS: \_\_\_\_\_  
Branch (Army, Air Force, etc.) \_\_\_\_\_  
Status (Active, Retired, Reserves, etc.) \_\_\_\_\_  
Residence (On-post or Off-post): \_\_\_\_\_

### Patient Information:

Pet name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed or neutered (yes or no): \_\_\_\_\_  
Date of Birth (or approximate age): \_\_\_\_\_  
Microchip Number: \_\_\_\_\_

Pet name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed or neutered (yes or no): \_\_\_\_\_  
Date of Birth (or approximate age): \_\_\_\_\_  
Microchip Number: \_\_\_\_\_

### Additional Client Data (Required for PCS/Health Certificates):

Stateside address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_