

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 LAST 4:
d. HOME ADDRESS <i>(Street, City, State, Zip Code)</i> PSC Box APO, AE 0960	e. HOME TELEPHONE NO. <i>(Include Area Code)</i> CELL:	
	f. DUTY STATUS <i>(X one)</i> <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	g. RESIDENCE <i>(X one)</i> <input type="checkbox"/> ON POST <input checked="" type="checkbox"/> OFF POST
h. ORGANIZATION	i. DUTY PHONE <i>(Include Area Code)</i> 632-	

2. ANIMAL DATA

a. NAME	b. SPECIES K9 / Feline	c. BREED	d. COLOR	e. DATE OF BIRTH	f. SEX
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g. IMMUNIZATION DATA

DATE OF IMMUNIZATION (1)	VACCINE TYPE & MANUFACTURER (2)	DATE OF IMMUNIZATION (1)	VACCINE TYPE & MANUFACTURER (2)

3. LABORATORY PROCEDURES

DATE OF PROCEDURES a.	LABORATORY TEST - DIAGNOSIS - REMARKS b.
	Microchip #:

4. MASTER PROBLEM LIST *(Continued on back)*

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